MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09559

22d. LOCATION (City, town of Carthing ton Storico
Hagerstown, Md
24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE AUG 6

Ciriling & Knows

	0	000		CERTIF	ICA	TE OF DEAT	H		Reg. Dist. I	No. 302	3
1,	PLACE OF DEATH a. COUNTY Washin	gton		MARYLA	ON	2. USUAL RESIDENCE (W		b. COUNTY_	n Residence b		ssion)
Г		If outside corporate lim	its, write	c. LENGTH OF STAY IN	1b	e. CITY OF TOWN (IF	outside corpor				vn)
	Hagers	town		2 days		3 Hagerato	wn				
	OR INSTITUTION			oddress)		d. STREET ADDRESS					A FARM?
	Washin			lospital		735 Inte		Road		YES	NO M
3.	NAME OF DECEASED (Type or print)	Blanche	rsi	Elizabe	th	Anderson	4. DATE OF DEATH	Aug.	1	Day	Yeer 19 59
5.	SEX	6. COLOR OR RACE	Z. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH			FUNDER TYP	-	DER 24 HRS
-	emale	White	WIDOW	- Control of the Cont		Oct 2 18		68 yrs.	Months Day	Hours	Min.
10	during most of wor	ON (Give kind of work rking life, even if retired	done 10b.		INDUS	TRY 11. BIRTHPLACE (Stote			12. CITIZEN	OF WHA	T COUNT
	Housew:			Own Home		Hagersto	wn Wa	sh. Co	U	. S. A	•
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Georg					Alice E	lizabe	th Buse	r		
IS.	WAS DECEASED EV	ER IN U. S. ARMED FOR			17. IN	IFORMANT		Addres			
	No		-	None	Mr	s. O. S. P	otter	735 Int	ervak	Rd	
Г		ATH [Enter only one co	use per li	ne for (o), (b), and (c).]	-	Hag	ersto	wn Md.		NTERVAL E	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, He	molytic ar	em:	ia with sp	lenome	egaly	I	ndef	init
П	292.0	-010-40)								
	Conditions, if		Ar	terioscler	ot	ic heart di	isease		5	yr.	
	gove rise to		>								
	lying couse lost.	-	.)								
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT I	NOT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIVE	N IN PART 1(o	PERF	AUTOPSY ORMED?
CERTIFI	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter noture of injury in	Port I or Part	II of item 1B.)			- 45
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. I While of wor	Not while	PLA fact	CE OF INJURY (Home, fordory, street, office bldg., et	m. 20f. (City	or lown)	(Coun	ty)	(Stote
		hat I attended the	5		eath	IX	ug. 1	19 59 the causes an	that I last		
	ACTUAL SIGNATURE	18031h	سهنف	e,		148 West	ADDRESS (St	reet, city or lawn, st	ote)		DATE SIGN
	PHYSICIAN'S I	or. B. B.	Kne	isley		Hagerstow	n. Mar	yland			

22c. NAME OF CEMETERY OR CREMATORY

Rest Haven Cem.

may be retained by (spital or attending physician, TO FUNERAL DIRECTO FIEr this certificate has been signed by page 3 should be detached for use as the buriot-transit permit. TO HOSPITAL OR ATT

requires that the death certificate be executed within 24 hours after death

er this certificate has been signed by the ottending physicion and completely filled in by the funer if for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be a cremation, or remaval, and in any event within 72 haure-after death.

the registrar prior to burial, cremotion,

220. BURIAL, CREMATION, 22b. DATE THEREOF BUTTAL Aug 4/5

23. FUNERAL DIRECTOR'S SIGNATURE

Aug 4/59

Coffman Hagerstown, Md.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour ner death. Page 4 by the hospital or attending physician in the death of the hospital or attending physician and completely filled in by the funeral director, and 10 the funeral director, and 3 that it is defeated for use as the burial-transit permit. Then place remove means a shariful to the funeral director, and 3 that the funeral director.

CERTIFICATE OF DEATH

09560

	10/12	CERTIFICA	TIE OF DEAT	п	Re	g. Dist. No.	
1. PLACE OF DEATH a. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Md.		. If institution: R b. COUNTY	esidence before o Washingt	
b. CITY OR TOWN (RURAL ond give in Hager		6, LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		mits, write RURAL	ond give nearest	town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street Co. Hospital		d. STREET ADDRESS	comac Ave.	2		RESIDENCE
3. NAME OF DECEASED (Type or print)	Lucretia Eucretia	Middle Stine	Athey	4. DATE OF DEATH	Month 8	Doy 25	Year 19 59
female	6. COLOR OR RACE 7. MARE		Oct. 29, 188	los		NOER I YEAR IF L	JNDER 24 HRS
10a. USUAL OCCUPATION during most of wor house	ON (Give kind of work done 10b. king life, even if retired) wife	kind of ausiness or indus	TRY 11. BIRTHPLACE (State Willow Hi		1	2. CITIZEN OF WE	IAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	DOUBLE DECOMPT 1101	FORMANT Ward N. Athe	Stine y Hage	Address erstown,	Md.	
Conditions, if a gave rise to i cause (o), stating lying cause last. Part II. OTI	m me diate	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN II	V PART 1(0) 19. V	VAS AUTOPS'
PART II. OTI	AS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Part I ar Part II af	item 18.)	YE	NO D
ZOc. TIME OF INJUS Hour a.m., p.m.		Not while fact	CE OF INJURY (Home, for ory, street, office bldg., el	m. 20f. (City or to	wn) (9	(County)	(State
ACTUAL SIGNATURE	Dr. D. J. Boy	59	accurred at 3			l last saw the the date str	
220. BURIAL, CREMATIC REMOVAL (Specify) burial		22c. NAME OF CEMETERY OF Rest Haven	CREMATORY	22d. LOCATION (unty)	(Stote) Md.
23. FUNERAL DIRECTOR		ADDRESS stown, Md.		UG 2 8 '59	24b. REGISTRAI	R'S SIGNATURE	

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9585 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

09561

302 Reg. Dist. No.

- coun Washington MARYLAN	a. STATE Maryland b. COUNTWashingt	odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hagerstown 10 Days	1 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give near	rest fown]
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington Co. Hospital	d. STREET ADDRESS 417 Indiana Ave.	ON A FARM? YES NO XX
3. NAME OF First Middle DECEASED (Type or print) Samuel Aaron	Beard 4. DATE Month Doy DEATH Aug. 14,	1959
5. SEX 6. COLOR OR RACE 7. MARRIED SIEVER MARRIED DIVORCED DIVORCED	April 11,1885 74 yrs. Months Days	Hours Min.
100. USUAŁ OCCUPATION (Give kind of work done during mast of working life, even if relired) W. M. R. R.	Peru Indiana U.	S. A.
13. FATHER'S NAME I. ewis Beard	14. MOTHER'S MAIDEN NAME Susan CARBAUGH	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no student) (If yes, give wer of No service) 705-10-527	2 Mrs MyrtleBeatd 417 Indiana	Ave.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary in	INTE	RVAL BETWEEN ET AND DEATH 7days
gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)	berculosis, far advanced, active	ll yrs
Arteriosclerotic heart dise		PERFORMED? YES NO X
	CURRED. (Enter nature of injury in Port I ar Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e Hour o. m. 19 While Not while of work of work	On PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.)	(State)
PHYSICIAN'S TOPE H Kehne M. D.	leath accurred of 3:40PM, from the causes and an the dat ADDRESS (Street, city or town, stote) M.D. 131 W.Washington St. Hagers	o stated above. DATE SIGNED STOWN, M
220- BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	**************************************	to Mail and
Burial Aug. 17/59 Hest Hav 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S, SIGNATUR	E
Andrew K. Coffman Hagerstown, Md,	DATAUG 1 8 '59 Cream S. Thomas	

VS A15 (4) 15M 9/55

OS PER MARTIAND STATE DEPARTMENT OF HEALTHS SALTHROSE, IS CERTIFICATE OF DEATH. AND ALLESS OF THE PARTY. * ----1 1 11 11 11 11 11 11 v v 4 2 110 AND THE RESERVE OF THE PARTY OF En Proposition of the Contract of the Contract

	CERTIFICA	TIE OF DEAT		Reg. Dist. No.
PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WE o. STATMaryla	nd b. COUNTY	Residence before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown	2 months	Rockvi	utside corporate limits, write RUF 11e	1526.2
d. NAME OF HOSPITAL II solid hashiol, give street or INSTITUTION 1500 Pennsy. Chronic Disease Hospital		d. STREET ADDRESS 109 Par	k Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EPPIE	EdNA 2	BELL	4. DATE Month OF DEATH AUgust	30 Day Year
Female White Widow	ED DIVORCED 🔣		888 TO yes.	F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
ozona nadaota opot	Gov't - Reti:	red Mary	land	U. S.
13. FATHER'S NAME Ulyses Magruder			atherine Hard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates at services)		NFORMANTSister ances Ricke		as Item #2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Candilians, if any, which gave rise to immediate cause (a), stating the under. lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS (c)		12 thaitis, se		N IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS OF A PART III. OTHER SIGNIFI	CRIBE HOW INJURY OCCURRE		SCIEROSIS Part I or Port II of item 18.)	PERFORMED? YES NO
	Not while for	ACE OF INJURY (Home, farm tary, street, office bldg., etc		(Caunty) (State
21. I certify that I attended the decease alive on Aignst 29, 193 ACTUAL SIGNATURE SEMANST R. Law PHYSICIAN'S NAME (Type) EVARISTOR L	red T	accurred at 4:50		nat I last saw the deceased an the date stated above one DATE SIGNED
220. BURIAL, CREMATION, PREMOVAL (Specify) 9-1-59	Rockville	R CREMATORY Cemetery	22d. LOCATION (City, town, or Rockville	

ADDRESS

4 BETHESDA. MD.

23. FUNDRALDIRECTOR'S SIGNATURE

in by the funeral wing and 2 shauld be filled

PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deat

attending physician and completely

may be retained by the bital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed page 3 should be detached far use as the burial-transit

VS A1S (4) 1SM 9/SB

cremation, ar removal, and

the registrar prior ta buriol,

Rockville. 24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR DATE SEP

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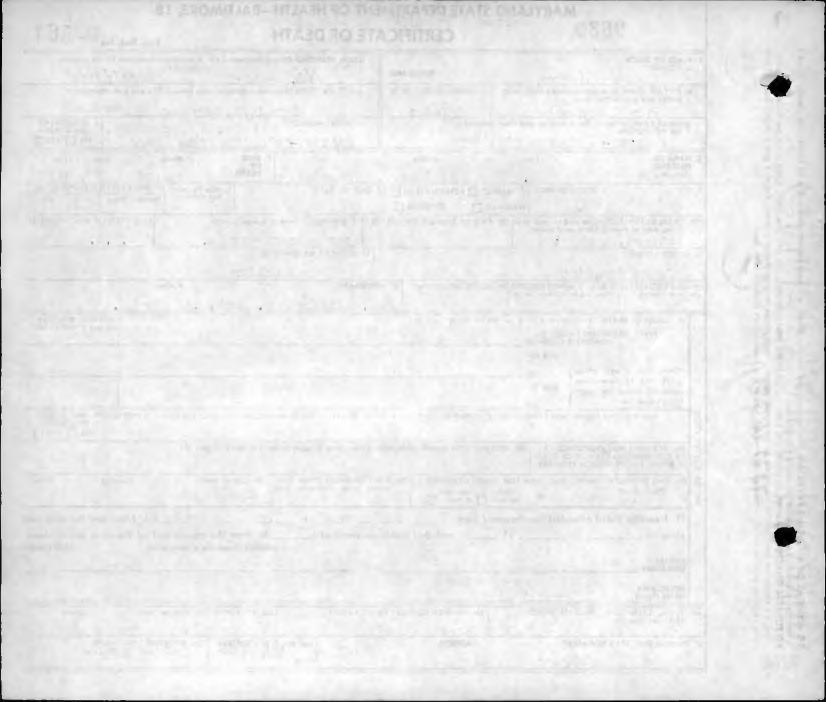
VS A15 (4) 15M 9/55

MARIVEAND	CTATE DEDARS	PARENT OF	MEALTH DAITH	MODE 10
MAKILAIJU	om 2 FilmC2	INERT OF	HEALTH-BALTI	HOKE, 10

630	Item	2	FilmG248 CERTIFICA	7- TE	3-55 OF	DEAT	ГН
			OFILLIAN.		~	PER	Ų

Reg.		1	8	y	5	6	6
Reg.	Dist.	No.		-	U	V	ξ,,

A DE ARC OF BEATH						
1. PLACE OF DEATH 0. COUNTY		MARYLAND	2. USUAL RESIDENCE (Wh	b. COU		odmission)
	Washington		777	enna.	Mashingt	on 12 X
b, CITY OR TOWN (I RURAL and give no	If outside carporate limits earest tawn	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, we	ile RURAL and give neares	st town)
Rural	_	4 Years	JRAY.	chAl./Bodnesb	bho/ Waynest	oro
d. NAME OF HOSPIT	TAL (If not in hospital, gir	re street address)	d. STREET ADDRESS		hurch St	IS RESIDENCE
	y-Keedy Memo	orial Home	Fanthey-Kie	edv/Venovia		ON A FARM?
3. NAME OF DECEASED	First	Middle	lost	4. DATE	Manth Day	Year
(Type or print)	S,	Allison	Benedict	OF DEATH	August 27	1959
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y	ears IF UNDER I YEAR IF	
M	W	WIDOWED A DIVORCED	10/23/68	90	yrs. Manths Days F	lours Min.
IOa. USUAL OCCUPATIO	ON (Give kind of work de	one 10b. KIND OF BUSINESS OR INDU	STRY 14 BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF	WHAT COUNTR'
	Machinist		Near Merce	rshurg Pa.	U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		0 84 812	
James Be	onediat		Sarah I	Collon		
	ER IN U. S. ARMED FORCE	ESP 16. SOCIAL SECURITY NO. 17. I	INFORMANT	rerTer	Address	
(Yes, no, or unknown)	(If yet, give wor or dates of ser	vice)		D. Vinne C.		
No			rs. Elizabeth	b. Aunz, Sa		
	ATH LENTER ONly one cou ATH WAS CAUSED BY:	se per line for (o), (b), and (c).]		4	ONSET	AL BETWEEN
IN COL	IMMEDIATE CAUSE (0)	(amper a)	RITERIA	R.		s exes
11/X	DUE TO		1			
Conditions, if o		V				
gove rise to i	mmediate (
lying couse lost.	lei-					
Z PART II. OTI		ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a) 19.	WAS AUTOPSY
Š						PERFORMED?
PART II. OTH	AS UNDERLYING (7)					-
U (IF EITHER, NOTIFY	MEDICAL EXAMINER	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 18	3	
	MEDICAL EXAMINER	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	•	(State)
		20d, INJURY OCCURRED 20e, PL While Nat while	D. (Enter nature of injury in P ACE OF INJURY (Home, farm ictory, street, affice bldg., etc.	20f. (City or town)	(County)	(State)
20c. TIME OF INJUR Haur a. m. p. m.	RY Month, Day, Year	20d. INJURY OCCURRED 20e. PL While Not while for at work at work	ACE OF INJURY (Home, form,	20f. (City or town)	(County)	
ZOC. TIME OF INJUR Hour o. m. p. m. 21. I certify th	RY Month, Day, Year	20d, INJURY OCCURRED 20e, PL While Nat while	ACE OF INJURY (Home, form,	20f. (City or town)	•	
20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Year	20d. INJURY OCCURRED 20e. PL While Nat while of work of other of work of work of work of the work of t	ACE OF INJURY (Home, farm cotory, street, affice bldg., etc.	20f. (City or fown) 20f. (City or fown) 19 M, from the cous	(County) 17, that I last saw es ond on the date	the decease
20c. TIME OF INJUR Haur a. m. p. m. 21. I certify th alive on	RY Month, Day, Year	20d. INJURY OCCURRED 20e. PL While Nat while of work of other of work of work of work of the work of t	ACE OF INJURY (Home, farm cotory, street, affice bldg., etc.	20f. (City or fown)	(County) 17, that I last saw es ond on the date	the decease
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20c. TIME OF INJUR HOUT O, m. p. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ry Month, Day, Year 19 not I attended the of the Community of the Communit	20d. INJURY OCCURRED 20e. PL While Not while of work of the deceased from July 12. 12.59 ond that death	ACE OF INJURY (Home, farm, ictory, street, affice bidg., etc., 1957, to Announced at 3 A. M.D.	20f. (City or fown) 19 19 19 19 19 19 19 19 19 19 19 19 19	(County) 17, that I fast saw es ond on the date own, state)	the decease stated obov DATE SIGNE
20c. TIME OF INJUR HOUT O. m. p. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nat I attended the company of the co	20d. INJURY OCCURRED 20e. PL While Not while of work of the deceased from Figure 2. 12-59 ond that death	ACE OF INJURY (Home, farm, ictory, street, affice bidg., etc., 1957, to Announced at 3 A. M.D.	20f. (City or fown) 20f. (City or fown) 19 M, from the cous	(County) 17, that I fast saw es ond on the date own, state)	the decease
20c. TIME OF INJUR Hour a, m. p. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify)	The Month, Day, Year 19 mat I attended the control of the Control	20d. INJURY OCCURRED 20e. PL While Nat while of work of twork of two the state of two the state of two the state of two the state of two	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.) 3, 19, 9, to 40, and coccurred at 3 A. M.D. BUT	20f. (City or fown) 19 19 19 19 19 19 19 19 19 19 19 19 19	(County) 17, that I last saw es and on the date own, state) wh, or caunty) 6000 Frank	the decease stated obov DATE SIGNE
20c. TIME OF INJUR Hour a, m. p. m. 21. I certify th alive on	The Month, Day, Year 19 mat I attended the control of the Control	20d. INJURY OCCURRED 20e. PL While Not while of work of the deceased from July 12. 12.59 ond that death	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.) 3, 19, 9, to 40, and coccurred at 3 A. M.D. BUT	20f. (City or fown) 19 19 19 19 19 19 19 19 19 19 19 19 19	(County) 17, that I fast saw es ond on the date own, state)	the decease stated above DATE SIGNI (State)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0.9564MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived If institution, Residence before admission] a. CQUNTY b collegatington Washington · Märvland MARYLAND b CITY OR TOWN III outside corporate limits, write RURAL F F c. LENGTH OF STAY IN 36 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Months RURAL-Charleton RURAL Wilson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDEN. ON A FARMS Clearspring R.F.D. #1 Big Pool R.F.D. 3. NAME OF Middle DATE DECEASED (Type or print) BOPPE FRANKLIN DEATH August CHARLES 10 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9 AGE (In years IF UNDER TYPAR IF LINDER 24 HRS with Male Hours WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even 1 retired) Page Student-Farmer pages lo school-Farming Near Big Spring. Md 13. FATHER S NAME P.M.J. 14. MOTHER'S MAIDEN NAME Richard H. Boppe Clara Burkett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give was as dates of service) Mr. Richard H. Boppe Big Pool ,RFD #1 None 18 CAUSE OF DEATH [Enter only one come per line for (o), (b), and (c) INTERVAL BETWIEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) pencil in DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPS PERFORMED? NO 🗔 200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) Month, Doy, Year 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Mome, form. 20r TIME OF INJURY Abf. (City or town) (County) (State) factory, street, office bldg., etc.) Not while at work of work Anguiry and in my opinion death resulted from: Natural causes []. Accident [4]? Suicide []. Hamicide []. Undetermined monner **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER **SIGNATURE** ASSISTANT MEDICAL EXAMINER [7] DEPUTY MEDICAL EXAMINER 12-NAME (Type 220. BURIAL CREMATION. 22c. NAME OF COMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) Cemetery ٩ ٥ Near -ADDRESS 23. FUNTEAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE VS. A15ME

DATE AUG 2 0 '59

arthur & House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 302 cremation Plane PLACE OF DEATH 2. USUAL RESIDENCE (Where decented lived. If institution, Residence before admission) o. COUNTY Narvland **b.** COUNTY Washington ashington MARYLAND b. CITY OR TOWN (If outside corporate limits, write BURAL buriol c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hagerstown Hagerstown ₽ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS . IS RES DENCE ON A FARM? 807 Hamilton Bly Washington County Hospital YES 🔲 NO 🔟 3. NAME OF First Middle DATE Day Yeor DECEASED (Type or print) DEATH Paul Humrichouse Byer 1959 A112 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (n years IFUNDER TYEAR IF UNDER 24 HRS. and 3 to the retained E lost birthday) Months Hours WIDOWELL DIVORCED T Jan. Mal e 1898 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pe gud U.S.A. Engineer Po tonge Edison Mechanical ICo. Hagerstown. 13. FATHER'S NAME 1, 2, may 14. MOTHER'S MAIDEN NAME · --poges Page 5 / Clara Humrichouse Edgar H. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT G.ve Rev. Paul Bver. Wyomissing. 214-10-5304 Pa. ves PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if ony, which gove rise to immediate course **DUE TO** (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ő 19. WAS AUTOPSY PERFORMED? NO A 20g EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of itum 18) CAUSE OF DEATH. Should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120c. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) White Not white a. m. of work of work D. m. Page 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 4 Thousand ... and find that grworded to the Charlenger FUNERAL DIRECTOR: Notural couses 2. Accident . Suicide . Homicide . Undetermined couse DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 🗵 NAME (Type) 220 BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City) lows for county) ton REMOVAL (Specify) 9 2 0 Rose Hill Cemetery Hagerstown Burial **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

YS. A15ME(5)

Indrew K. Goffman, Hagerstown, Md. DATE AUG 19'59 Cillus S. Kin



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09566

				CER	HIFICA	IE OF D	EAIF	1			Reg. Di	st. No.		
1,	PLACE OF DEATH o. COUNTY Wash	ington		м	ARYLAND	2. USUAL RESID D. STATE Mai	vlai	_		If institution.			e odmiss gto:	
	b. CITY OR TOWN (F RURAL and give nea Hager	ou'side corporate limi rest town) Stown		c. LENGTH OF S	TAY IN 1b	e. CITY OR TO	WN (If o		rote limi	its, write R				
	OR INSTITUTION 232 N	L (If not in hospitol, o		ddress)		d. STREET AC		Locu	ıst	St.				FARM?
3.	NAME OF DECEASED (Type or print)	John Fin	Tho		ddia Cars	Last ON		4. DATE OF DEATH	Αυ	Mon Igust		20		1959
	Male	White	WIDOWE	level .	RCED 🔲	May 20	18	97	62	birthdoy)	Months	Doys	Hours	Min.
_	during most of working Repairms	ng life, even if retired)	City of		Hage	erst	OWD	Md.		12 CIT	IZEN OF	WHATC	OUNTRY?
13	. FATHER'S NAME Walter	I Wome	1022			14. MOTHER'S	anden n nna)		G C C	137				
	. WAS DECEASED EVER		CES? 16 S	GOCIAL SECURITY		ORMANT	tle	Cars		Adde	erst	town	M	d.
	420.0 Conditions, if one gove rise to im couse (o), stating th lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which (b) mediate (DUE TO	, a	e for (o), (b), and in cul		bri 11a	t a	lisko	ne			INTE	S 4	TWEEN
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	elm	ONTR BUTING TO	En	CENTER NOTURE OF	L				'EN IN PAI	₹T 1(o) I	PERFO YES [NO
MEDICAL CERT		Month, Doy, Ye	While of work	d fram	focto	E OF INJURY (Herry, street, office	tae	au	920	. 195	that I le	County)	the d	(Stote)
	ACTUAL SIGNATURE	Paul Harriso	au on. M.		M	.b. <u>318</u>	N. P	otomac	treet, cit	y or lown,	a an in state)	e agre	DAT F	E SIGNED
22	BURIAL, CREMATION PEMOVAL (Specify) BUTIAL)F	22c. NAME OF		* *		22d LOCA	TION (C	ity town, o	64.74°	1.	(Stat	e)
	FUNERAL DIRECTOR'S	signature [innich &	: Son	ADDRESS Hag e1	rstown			JG 2 4		24b REGIS	STRAR'S SI			

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09567

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY	Linetan		MARYLA	NID	2. USUAL RESID o. STATE	Vire		lived. If institut b. COUNTY		e before adn	nission)
	chington autside carporate limit	e surite T	c. LENGTH OF STAY IN	1	• CITY OR TO	0		te limits, write l		.,	(Aurea)
RURAL and give ne	arest town)	», with	C. LENGTH OF STATE		C. CIII OK II		enwood	te Illinia, wind i	KOKNE OND BI	07.	, 7
Hage rst	AL (If not in hospital, gi	ive street a	(ddress)		d. STREET AL		elmood			e. IS	RESIDENCE
OR INSTITUTION					none					10	N A FARM?
3. NAME OF	laryland St	are L	Middle	H	taj		4. DATE	Mai	- 41.		Year
(Type or print)	JOH	N	ALBER.	T	CHEH	PE	OF DEATH	AUGU:	ST	28	1954
5 SEX malle	6. COLOR OR RACE	7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED I	_	DATE OF BIRTH		about	. AGE (In years lost birthday) 78 yrs.	Months D	YEAR IF UN Days Hou	
10a. USUAL OCCUPATIO	N (Give kind of work d	lone 10b. I				CE (State				EN OF WHA	AT COUNTR'
during most of work	ing life, even if retired)		lf employed			y, Ce			U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Johr	Henry Che	ape			Ka	thle	en Seph	nie Hamb	rough		
15. WAS DECEASED EVER	IN U. S. ARMED FORG		SOCIAL SECURITY NO.	IN	FORMANT			Add	dress		
ine			DOTTE	Mrs	. Malvir	a Ter	rrell (heape C	harlot	tesvi	lle,Va
	TH [Enter only one cou					_	,	,			BETWEEN
PART I. DEAT	TH WAS CAUSED BY:		BULAR /	NEI	MONIA	KIG	HT LO	WER L.	OBE	6 P	AYS,
527	DUE TO										/
Conditions, if ar			DROKARY	ATH	EROSCL	ERC	1515	SEVER E		UNK	NOW
gove rise to in cause (o), stoling t		D1	/	7	1. 1.	em 4.4 Pr					
lying couse lost.) (c)	TV	LFIONHKY		MPHYS					1 7	NOW
PART II. OTH		_	ONTRIBUTING TO DEATH			THETERMI	NAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WA	AS AUTOPS REGRMED?
			11111		ENT					YES	NO [
20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCC	URRED.	(Enter nature of	injury in F	ant Lor Port I	of item 18 }			
Hour o. m.	Month Day, Yea	While	Nat while	De PLAC	E OF INJURY IN Try, street, office	lome, farm bldg., etc.	20f. (City o	er town)	(Co	ounty)	(Stat
			of work	Jan 9	50	10.1	i et - 21	2			
	at I attended the	, ,			19.58	di			that I las		
alive an	IGUST 28	_, 12_<	7_, and that d	eath (accurred at			ne causes ai			ted abav DATE SIGNI
ACTUAL SIGNATURE	George	Be	co		D. 15	and .		VLVAI	NIA A	VE. S	1/28/
PHYSICIAN'S NAME (Type)	DR. GEO!	rgf	BERCU		HA	GERS	YOWN	MAR	YLAND		
220 BUR AL, CREMATION	V, 226. DATE THEREO	F	22c. NAME OF CEMETE	ERY OR				ON (City, town,	or county)	[Stote)
Cremation	8/29/195	9	Cedar Hill	Ce	metery		Washi	ngton		D.	C.
	signature er Funeral	Home	·			24a. REC'I	BY REGISTR		ISTRAR'S SIGI		
B. Franklin	- Newson	HOME	Hagerstow	m,	Maryland	DATESE	1 '59	Cu	Ulma & F	Trans	

attending physicion and campletely filled in by the funeral metar, n please removacarbon papers. Pages 1 and 2 should be filled with or ottending physician. as the burial-transit permit. TO FUNERAL DIRECTOR: After the page 3 shauld be detached far the registrar prior to buriol, cre

removal,

requires that the death certificate be

Ors ofter

TO HOSPITAL OR ATTEN VS A15 (4) 15M 9/58 Q

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			9591		CERTIFI	CATE OF	DEATH	Н		Ren A	ist. No.	568
64	1. [PLACE OF DEATH				II A STATE		here deceases	d lived. If institu	tion: Reside	nce before od	(mission)
			Washington		MARYLAI	AD	Pa.		b. COUNT	rra	nklin	/
	\ \ \		(If outside corporate limit nearest town)	s, write	c. LENGTH OF STAY IN	16 c. CITY OF	R TOWN (IF a	,	rote limits, write	RURAL and	give nearest	town)
	_		gerstown ITAL (If not in hospital, g I	iva street	24 Days	d. STREET	ADDRESS	Wayn	esboro		e. 1 <u>S</u>	RESIDENCE N A FARM?
081			ashington Co					119	C. V. Av	e.	YE	N A FARM?
		NAME OF DECEASED (Type or print)	Franc		Middle Reno	*	ine	4. DATE OF DEATH		onlh Legist	Day	Yeor 1950
	5 :	EX			RED MEVER MARRIED		appropriate the		9 AGE (In year last birthday)		R TYEAR IF U	NDER 24 H
		Male	***************************************	WIDOWI		- <u>+ + / + / / </u>			58 yrs		Days Ho	
T D D	10o	during most of wo	ION (Give kind of work of trking life, even if retired) FRICK CO.	lane 10b.	KIND OF BUSINESS OR I			or foreign co			U.S.A.	HAT COUN
	13	FATHER'S NAME				14. MOTHER						
de ci			l Cline				ester	Smith				
72 hou	15. Yes	WAS DECEASEDEY NO OT UNENDWA) NO	ER IN U. S. ARMED FOR	rvice)	73-03-2871	Mrs. Fr	ancis	R. C1:	ine, 119	C.V.	Ave	Pa. Wayne
ig.			ATN [Enter only one co		ne for (a), (b), and (c)-]	The state of the s						L BETWEEN
1.3		PARTIDE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Re	espiratory a	nd circula	atory	failu	ce.			
eve		340.3	DUE TO				_					t leas
d in ony		Conditions if gove rise to cause (a), stating lying cause last	immediate DUE TO	CI	hronic granu	lomatous	leptom	ening	Ltis.		6	weeks
avol, on	FICATION			DITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERM	INAL DISEAS	E CONDITION G	IVEN IN PAI	PE	AS AUTOPS REORMED?
of rem	CERTIFIC	20a: ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	/AS UNDERLYING [] G [] CAUSE OF DÉATH Y MEDICAL EXAMINER]	206. DESC	CRISE HOW INJURY OCC	JRRED. (Enter nature	of injury in	Port I or Par	t II of item 18.)		<u> </u>	
emotion,	MEDICAL	20c TIME OF INJU Hour a.m. p.m.	10	While	NJURY OCCURRED 20 Not while t at work	PLACE OF INJURY factory, street, affi	(Home, form ce bldg., etc	n, 20f. (City	or town)	((County)	(Slot
5 2		21. I certify t	hat I attended the	decease	ed fram July 2	8 19_5!	9., ta_A	ugus t	21 , 19 5	9.,that I	last saw t	he deceo
buric buric		alive on Au	igust 20	125	9, and that de	eath occurred a	t 5 a.	M, from	n the causes	and an I	the date s	tated abo
prior k		ACTUAL SIGNATURE	19. F.	22	delal	<u> мр. 132</u>	N. Po	tomac	St., Ha	gerst	own, M	d. 8/2
gistror (PHYSICIAN'S NAME (Type)	A. F. Abd	u11al	h, M. D.							
regar	220	BURIAL, CREMATI REMOVAL (Specify	ON, 226. DATE THEREO		22c NAME OF CEMETE	Y OR CREMATORY		22d. LOCAT	TION (City, town,	or county)	(State)
3		Burial	8/25/5	9	Green Hi	11		Morro	sboro.	Wana milai	74 0	_
8 ਵ	23/2	FUNERAL DIRECTO			ADDRESS		240 955	D BA BECIEF	RAR 246, REG	E L'HILK.	CNATHOE	S.a



Sep.

and that death accurred at 📥

Sharpsburg, Md.

DATE SIGNED

(Stote)

21. I certify that Lattended the deceased fram. alive an

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

Walter

Shealy

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, fown, or county)

ADDRESS (Street, city or lown, stote)

Sharpsburg 24b REGISTRAR'S SIGNATURE

, 19____,that I last saw the deceased

FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

Mt. View Cemetery ADDRESS

240. REC'D BY REGISTRAR

Cally of House

__M, from the causes and an the date stated above.

VS A15 (4) 1SM 10/57

death. erol

should

filled

death.

burial-transit

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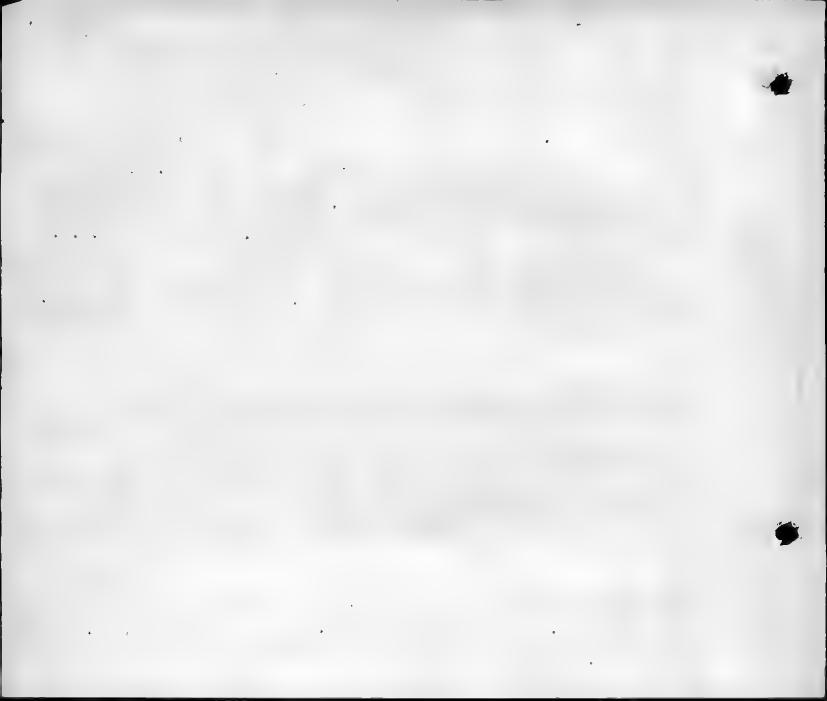
VS A15 (4) 15M 9/SS

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1/2	,	
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9592MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

10	Dr	D1 195	Jr.
Res	, Dist.	No.	10

/ J.												
	1, PLACE OF DEATH b. COUNTY	shington		MARYL	AND	2. USUAL RESID 0. STATE	DENCE (WIL	ere decessed lived ryland	l. If institution b. COUNTY	Wash	before odmis ingto	non)
	b. CITY OR TOWN (I RURAL and give no	l outside carparate limits,	write	c. LENGTH OF STAY,II	и 1ь	c. CITY OR I	OWN (If o	utside corporate li	mits, write RU	RAL and giv	re nearest 10wi	n)
L		erstown		3 Weeks		/ Ha	gers:	town				
<i>,</i> [APPRINTED AND A PROPERTY OF A	at (II not in hospitol, give ton Co. H		· ·		d. STREET A		t Antie	tam, S	treet	e. IS RES	IDENCE FARUS NO
	3. NAME OF DECEASED (Type or print)	Ottie		Bell		Crille		4. DATE OF DEATH	Aug	4,1	959	Yeor 19
-{	5. SEX	6. COLOR OR RACE	MARR	IED NEVER MARRIED		DATE OF BIRTE		. Cut	E (In years		YEAR IF UND	
ı	Female	White	MIDOWE	DIVORCED		Sept.1	8/19	00 5	Birthdoy)	Months D	Days Hours	Min
	House House	ON (Give kind of work do ting life, even if retired) TIFE		KIND OF BUSINESS OR OWN HOME	INDUST		ACE (Stote)	12 CITIZ	U.S.	
	13. FATHER'S NAME					14 MOTHER'S						
	Wil	Liam Baker					Mary	Reed				
		R IN U. S. ARMED FORCE		SOCIAL SECURITY NO.		FORMANT			Addre		771	173.4
	no	None		N ne	R	ichard	L.C	rilley	1534	Cres1	t view	RQ
-	18. CAUSE OF DEA	TH [Enter only one cous	e per lir	ne for (a), (b), and (c).]							INTERVAL BI	TWEEN
ı	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)									OHISET AND	DEXIII
1	, Yox	DUE TO		7		77						
1	Canditions, if a			aremon	2-00	() so	ean	6			14	2-12-12
ı	gove rise to i			1111	,			-			/	
-	lying couse lost.	(c)_	c /	Metech		10	1	ung				
	PART II. OT	ER SIGNIFICANT CONDI	ITIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMI	NAL DISEASE CON	IDITION GIVE	N IN PART	1(0) 19. WAS	AUTOPSY PRMED?
	Z											NO 🖅
	O THE ETHER, NOTIFE	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	CRIBE HOW INJURY OC	CURRED	{Enter noture o	f injury in f	art I at Port II of	item (8.)			
ı		Y Month, Day, Year			Oe PLA	E OF INJURY (I	Home, form	20f (City or to	wn)	(Co	unty)	(State)
ı	Hour a.m.	19	While of work	Not while	100.11	21 y, 211 6 61, Gillion	Day. etc.	1				
ı	21. I certify th	at I attended the a	decease	ed from	2-	10/9	, to 0	4-	1957	That Lia	ist saw the	decease
1	alive an	-3-39	. 19		death :	,		M, fram the				
-		10				/ 1		ADDRESS (Street,)			/	ALE SIGNE
1	ACTUAL SIGNATURE	A.100	1	KID)	M	X	The same	unho	1		14	_/.
	PHYSICIAN'S NAME (Type)	TREV	11	79,17	0	£ /		*				37
f		N. 22b. DATE THEREOF		22c. NAME OF CEME	ERY OR	CREMATORY		22d LOCATION	(City, town, or	county)	(510)	e)
	REMOVAL (Specify) Burial	Aug. 6/5	59	Broadfor	dir	g Cem.		Bras	dford	ing.	Md.	
	23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			240. REC'I	BY REGISTRAR	24b. REGIST			
	And rew	K. Coffma	an	Hagerstov	vn, l	Ad	DATE AS	G 6 '59	21	hun & ?	Could.	



ADDRESS

15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

arthur & Hanna

e 15 RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

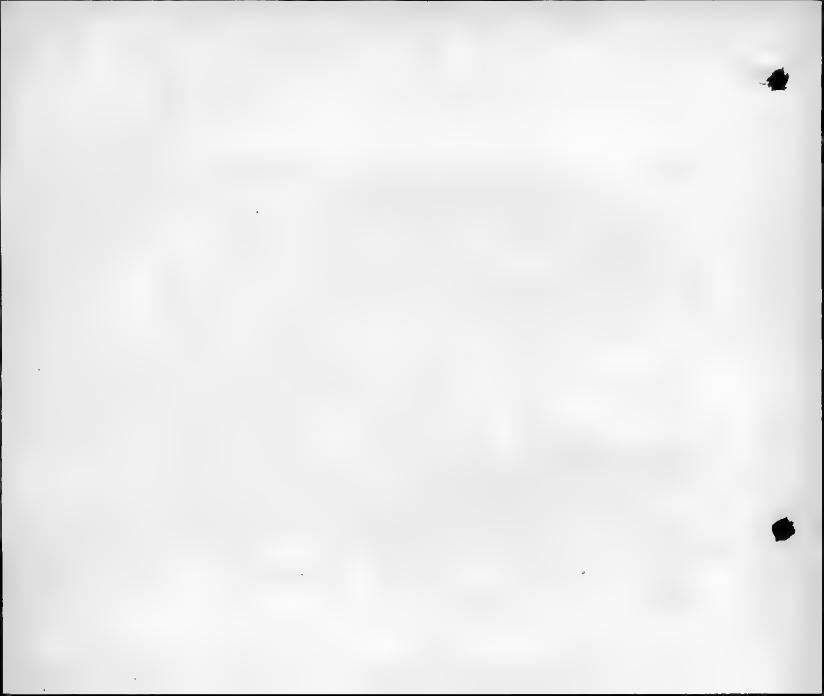
YES TO NO!

(Stote)

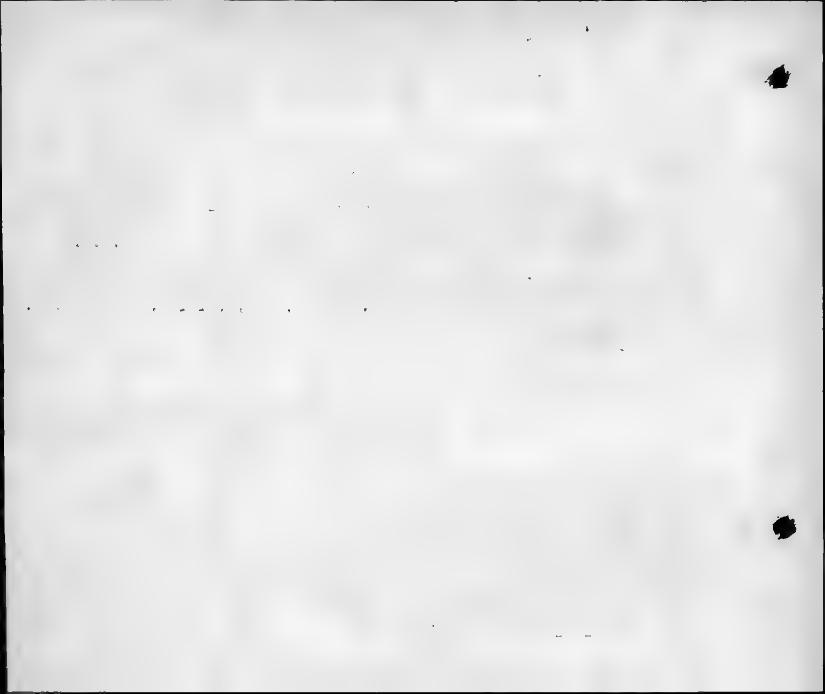
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(County)

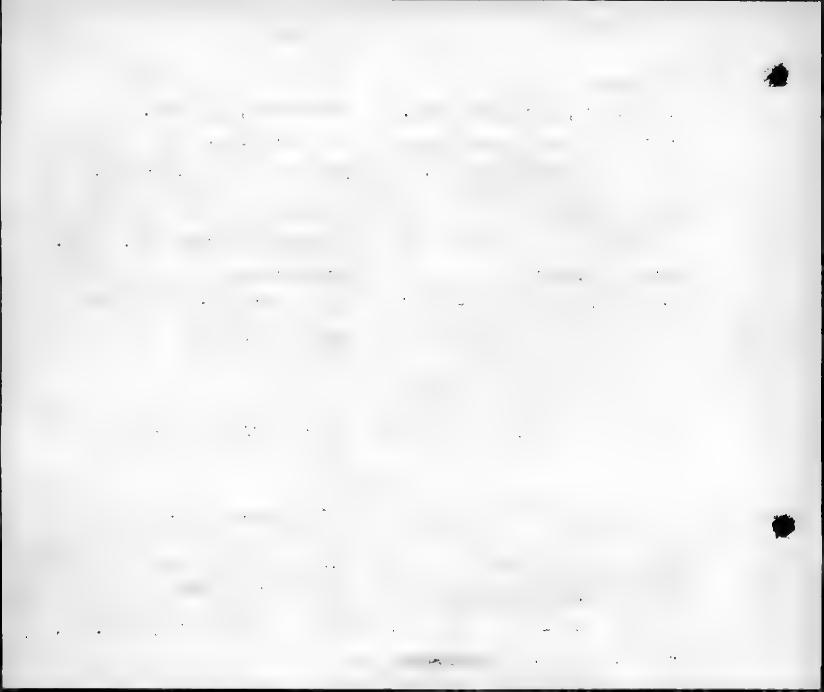
YES NO IX



1	. 'x	I	tem 20,21	PERMARYL 9594 ME		STATE DEPART						18	09572	
P G	M											Reg. Dist. N		_
please (it out		1. !	MACE OF DEATH COUNTY	Washington	n	MARYLA	IND	2. USUAL RESIG			ed hved. If Institu b. COUNT	ingn Volter b		
10 g			CITY OR TOWN (If autide corporate limits, well	e RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR T	II) NWO	autside corp	porate limits, write	RURAL and give	negrest town)	
, T				erstown				X Rura	1 K	noxv	ille			
s ner						pital, give street address)		d. STREET AD		- 773	7 7		e. IS RESIDENCE	200
P Hes	1			ton Count	· · · · · · · · · · · · · · · · · · ·			MOA		n Hi	<u> </u>		TES NOTE	FC =
iny del uneral yaur (egistra	(C)		NAME OF DECEASED [Type ar print]	Brenda	st	Lee	Ι	arr		4. DATE OF DEATH	Month 8	23	1959	
# 5 5 #		5. 5			7. MARRI	ED NEVER MARRIED			~0		9. AGE (In years lost birthday)		Hours Min.	<u>; </u>
₹ 5 ; ₹ £		_	emale	White	WIDOWE			7-17-19			e yrs.	1 5		
용음을	-	10a	. USUAL OCCUPATI luring most of worki	ON (Give kind of working life, even if retired)	dane 105. I	(IND OF BUSINESS OR IN	DUSTR				**		OF WHAT COUNTR	(7
5 2 5				None		None				gini	R	U.S	.A.	_
ξ - E ×		13.	FATHER'S NAME	m3 3 m	Da			14. MOTHER'S M	aaiden n		C1-			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		15	WAS DECEASED EN	FLOYE F			17 BV	FORMANT		LeT	en Cook			
_ P			No. or unknown)	(If yes, give wer or dates of		None			דו דו	le nn			rillo,Md	
1.0 G. T.				ATH Enter only one cou	ta ner lina		1117	. P. LOyu	. F. all	W.T.T. 9	ILar aDam		ENVAL BETWEEN	-
2 2 G				TH WAS CAUSED BY:	5	00-01		. 0.		1-	0 1	r Z	SET AND DEATH	
F for F	,		4117	IMMEDIATE CAUSE (o)		CAROLA	<u>: ck4</u>	i cui			apro	CIT (CIE)		-
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וביה היים היים היים היים היים היים היים ה			gave rise to imme (a), stating the			0		<i></i>						_
o o o o			cause last.	(c)										
Girin Elice		ğ	PART II. OT	HER SIGNIFICANT CON	D.TIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO T	HE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
D S	0	CERTIFICATION											YES NO	_
Per per ce		RTIF	200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH	USE WAS INTRIBUTING 1		E HOW INJURY OCCURRE								
T S S S		1 7.1				red during e						A-8	****	
o w	1	MEDICAL	Hoyr o.m.	0/02/50	While	Not white	facto	ry, street, office b	ome, tarm, oldg., etc.)	i.		(County)	(Stole)	_
a dip	- 1	W	about p.m.	1-2122		ork at work		Heme	A		rstown	Wash,	Marylar	
					_	remains described : 기, Accident [지,			, ,	<u></u>	nspection [],	Inquiry [_	, and find the	25
rifficate, v to the Ch DIRECTOR:			dedin resoned	TIONE NOIDIGE	rooses [J, Accident [2],	3016	ide [], No	micide	<u></u> , or	ndetermined o	.duse [].		
Tage 1	^		ACTUAL	Dura O	1	11 A/2 -	717	M.D. CHIEF ME	DICAL EX	AMINER			DATE SIGNED	
derf.	i 1				1				T MEDICA	L EXAMINE	2 🗖		8/24/5	7
cute the cert farwarded to 0 FUNERAL	emova		EXAMINER'S NAME (Type)	dward	W.	DittoTI	[/\	DEPUTY M	AEDICAL E	XAMINER [
2 6 6 E	5	220	BURIAL, CREMATIC REMOVAL (Specify		F	22c. NAME OF CEMETER	OR	CREMATORY		22d. LOCAT	TION (City, town.	or county)	(State)	=
5255	•		Rurial	8-26-19	59	Union					ettsvil			
/s. Alsme(:	5)	23.	FUNERAL DIRECTO	R'S SIGNATURE	Rmm	ADDRESS	ב רע			BY REGIST		STRAR'S SIGNATU		
5M 9/55		10	7. LIP T.	elle	DI-m	TOUT ON PHINT) To	1	DATE A	ug 28	'59 C	initua L N	wed	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea, Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) · COUNTY o STATE Washington **b.** COUNTY Md. MARYLAND Washington after death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Rural Smithsburg Years Rural. Smithsburg d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Smithsburg #2 Smithsburg # YES NO IX NAME OF First 4 DATE OF Middle Last Day Year DECEASED S. Lionel Diehl (Type or print) DEATH August 10 -59 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years lost birthday) Months Dovs Male White WIDOWED | DIVORCED [yrs 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. pup Night Operator, S. Power Co. Near Smithsburg Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician George C. <u>Carrie Johns</u> 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address offending p in please res t within 72 Smithsburg Md. #2 No Lionel S. Diahl CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate DUF TO couse (a), sloting the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO 20d. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg, etc.) Hour o. m While Not while at work at warks 21. I certify that I attended he deceased from ...that I last saw the deceased occurre M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S FUNERAL W. Lindeman Waynesboro, Franklin NAME (Type) BURIAL, CREMATION, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burral Harbaugh's 0 23. PENERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR VS A15 (4) Ostling & Kings DATE ANG 28 159 15M 10/57



requires that the

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9596

CERTIFICATE OF DEATH

09576 Reg. Dist. No.

PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If authide carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If authide carporate limits, write RURAL and give nearest town) RURAL and give prorest fown) d. NAME OF HOSPITALIFI not in haspital, give street address) d. NAME OF HOSPITALIFI not in haspital, give street address) or INSTITUTION I. NAME OF HOSPITALIFI not in haspital, give street address) or INSTITUTION I. NAME OF DECEASED (Type or print) i. SEX 6. COLOR OR RACE 7 MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 12 /5 /8 // A MOTHER'S NAME 14 MOTHER'S MAIDEN NAME 15 SEX III (Give kind of work dane lob. KIND OF BUSINESS OR INDUSTRY) A MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 SEX III (If yet, give wire of ports of strence) 16 SOCIAL SECURITY NO. 17 INFORMANT A MATTURE OF DIVORCEST 17 MOTHER'S MAIDEN NAME 18 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 11 MOTHER'S MAIDEN NAME 12 MOTHER'S MAIDEN NAME 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 MOTHER'S MAIDEN NAME 18 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 19 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 10 MOTHER'S MAIDEN NAME 11 MOTHER'S MAIDEN NAME 12 MOTHER'S MAIDEN NAME 13 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 MOTHER'S MAIDEN NAME 18 MOTHER'S MAIDEN NAME 19 MOTHER'S MAID
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OR INSTITUTION OR INSTITUTION
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OF CEASED (Type or print) I da J Farlor DEATH AUGUST 30 1959 S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH DO. USUAL OCCUPATION (Give kind of work done during most of working life, even if reliyed) DO. USUAL OCCUPATION (Give kind of work done during most of working life, even if reliyed) DIVORCED 11. BIRTHPLAKE (State or foreign country) DIVORCED 12. CITIZEN OF WHAT COUNTRY? OF MARKIED NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Tree, no or whitnown) (If yes, give war or plate of service) NO MARKIED 1 NEVER MARRIED 18 DATE 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME Addition 15 Markies 16 Markies 16 Markies 16 Markies 17 Markies 17 Markies 18 Mar
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Da. USUAL OCCUPATION (Give kind of work dane) Divorced D
Da. USUAL OCCUPATION (Give kind of work dane) Divorced D
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3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (18) you give wor or doing of service) NO Mo. May Physica State Line Pa
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no or unknown) (If yos, gave wor or dotes of service) NO Mo. May Physica State Line Pa
(19 you give wor or doles of service) NO Mrs. Many Physica State Line Ta
(19 you give wor or doles of service) NO Mrs. Many Physica State Line Ta
NO NO May thype flate time Ta
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
OUE TO A This Class down
Conditions, if any, which gave rise to immediate (b) (7 cas per all 27 3 of 414446 - OSC 216764
cause (a), stating the under DUE TO
lying cause last (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
TRACLULE of MEP 1956-
20a. ACCIDENT WAS UNDERLYING Gob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20a. ACCIDENT WAS UNDERLYING #0b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH UNITED REPORTS CAU
Hour a. m. While Not while factory, street, effice bldg., etc.)
p. m. 19 at wark at wark to the wark to th
21. I certify that I attended the deceased from 1950, to 1957, that I last saw the deceased
alive on 29449, 1259, and that death accurred at 3 M, from the causes and on the date stated above.
ADDRESS (Street, city or town), Note) DATE SIGNED
SIGNATURE THUE HOSE OF THE SIGNATURE BY 3114
SIGNATURE M.D. M.D. M.D. M.D. M.D.
PHYSICIAN'S
NAME (Type)
20. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lower or county), (Stole)
Burial 1/3/37 New Ville GLETCHY NEW VIlle Continued, Yenry
3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
Herolof M. Lemanny Quencesty & DATESEP 3 '59 ariling & Known



TO FUNERAL DIRECTOR:

VS A15 (4) 15M 10/57

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y	O	J	C	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		- (-	IJ	5	4	1
Reg.	Dist.	No.					

1.	PLACE OF DEATH		2 USUAL RESIDENCE (Who o STATE	ere deceased lived. If institution. Residen	ce before admission)
	WASHINGTON	MARYLAND	WARULA	ALD PRODUCTS	INCTON
	b. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL and	11 316 7 7
	FUNKSTOWN	15 TEARS	LEUNI	STOWN	
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address) /	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	37 WEST MAPLE ST	1	37 WEST	MAPLE ST.	YES NO X
3.	NAME OF DECEASED	Middle	lost	4. DATE Month OF	Day Year
_	(Type or print) OMER		ORREST	1 7 0 9 0 0 1	22. 1934
5.	SEX 6. COLOR OR RACE 7 MARR	IED 🗌 NEVER MARRIED 🔲 📗	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	TYEAR IF UNDER 24 HRS
L	MALE WHITE WIDOWE	<u>A</u>		886 73 75	Doys Hours Min
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU:	STRY 11 BIRTHPLACE (Stole of	or foreign country) 12 Ct1	IZEN OF WHAT COUNTRY?
	MILLER RETIRED S	STICKELL MIL	LITKED, C	C. MD	4.3.A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	CLACOB FORRE	ST	CHARI	OTTE WARD	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
far.	n. no. or unknown) (III yes, give war or dates at service)	14 00 -0025 WA	DINE TE DO	ST- 37 W. MADLE S	* Tarres - A 4 C
-			TYING TERRIS	-31 - JI WINIHVER 3	
	18. CAUSE OF DEATH [Enter only one cause per line PART DEATH WAS CAUSED BY:	se lat la). (a), and (c)]	10	0	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6)	(O10 Mary	- Yanan	Can'	Ry
	420.1 DUE TO				0
	Conditions, if any, which) (b)				
	gave rise to immediate DUE TO				
	lying cause last.				
Z	PAIR II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY
٦ĕ	Brown	0 4-41			PERFORMED? YES NO
든	200 ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	(Fater pature of unusy in P	tort I or Port II of item 18.1	
CERTIFICATION	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE THE PROPERTY OF THE PROPER	c (chief holdre of injury in t	on to tall it of new to.y	
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. In	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or lown)	Countyi (State)
	Hour a.m. White	(AOL MILLS	tory, street, office bldg , etc		
2			2 1054 1	02 2019	
	21. I certify that I attended the decease	ed from	ξ, 1×2./, 10. Δξ.	1927lhoi i	last saw the deceased
	alive on 1/4 4 22 125	and that death		M, from the causes and an t	
	ACTUAL SOLO O (1)	(/02/		ADDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE Cavar VV.	17/1/2717	MD. 217 W. WE	ashington St.	8/2454
	PHYSICIAN'S				-, ,,
	NAME (Type) Edward W. Ditt	0 111 M.D.	Hagarato	m Maryland	
220	BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City town, or county)	(Stote)
1	BURIAL AUC. 25-1959	LUTHERAN (CEMETERY	MIDDLETOWN FRED	CO. MIP
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o REC10	BY REGISTRAR 246 REGISTRAR'S SI	
	- Della Pr. Royal	BANKERNER	7ATO . DATEAUG	27'59 Orthur 8.	Hund
<u></u>	The state of the s	DOONSBORD	AXLIV . DAIR.	2.	7 VI CANA

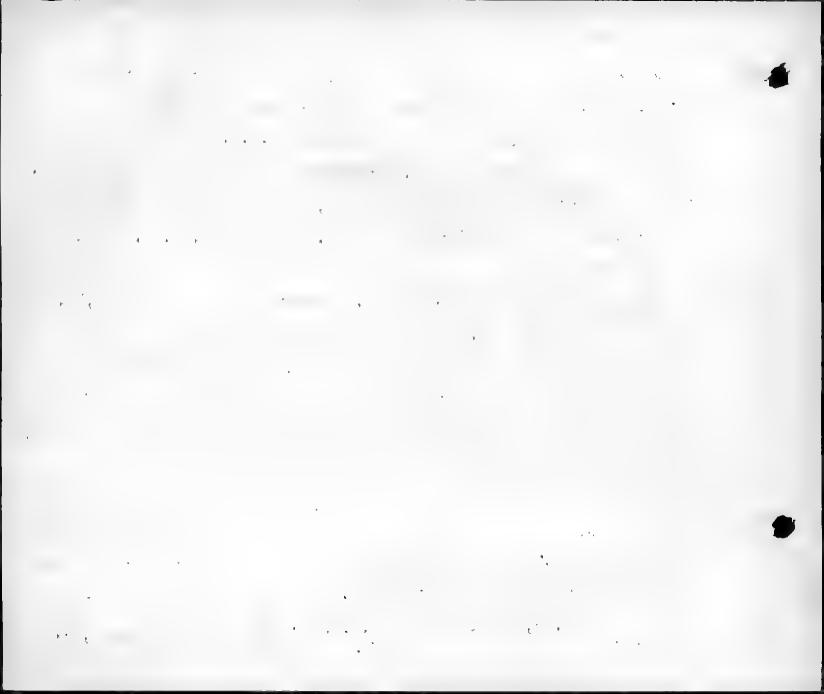


within

death certificate

law requires that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



09579 Reg. Dist. No. 302

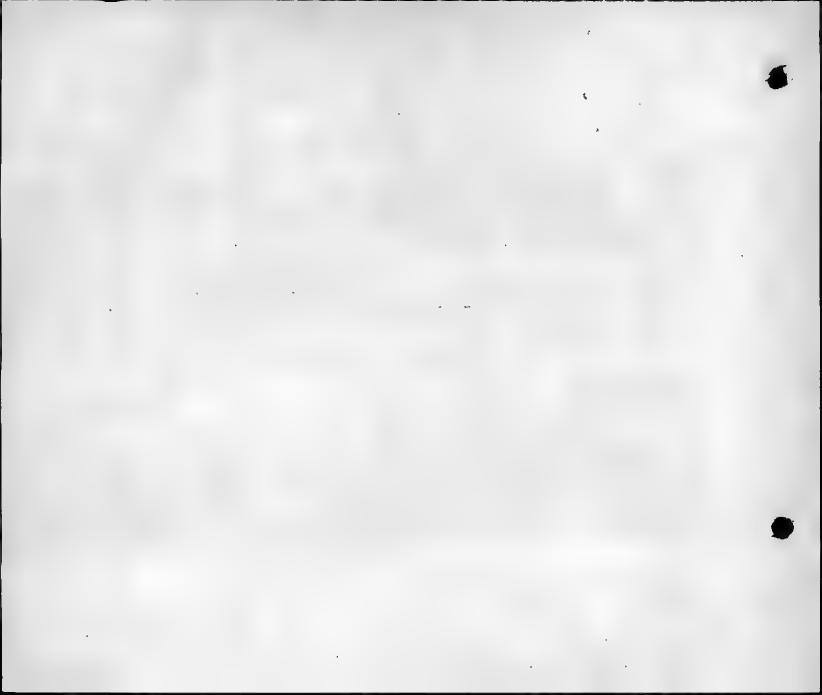
	. COUNTY	ashington		MARYLAN	O. STATE	Maryla	and	b. COUNT	Y L	ashi		29
E	. CITY OR TOWN HE	putside corporate finals, write	RUTAL	c. LENGTH OF STAY IN 1	b c. CITY	OR TOWN (IF	outside con	porate limits, write			446 44	
	and give nearest town)			C ⁴ 7	A TO HE	gersto	STD					
-		STOWN	f not in h	57 year:		T ADDRESS	MITT					ESIDENCE
		lway Road			817	Medwa	y Road	1	•		YES [A FARM?
4	NAME OF DECEASED (Type or print)	FRANK	ul	Middle	FRATTA	NNI	4. DATE OF DEATH	Mont Augu		Day 6		fear 9 50
5. s	EX	4. COLOR OR RACE	7. MARI	RIED NEVER MARRIED				9. AGE (In years	-	ER TYEAR		ER 24 HRS.
	Male	White	WIDOW	ED DIVORCED	Oct.	29.18	88	70 yrs.	Months	Days	Hours	Min.
10a	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI		PLACE (State		country)	12 CI	TIZEN O	F WHAT	COUNTRY?
0	Barber	inte, even il relieu;	В	arbershop		Italy				U.S	.A.	
13.	FATHER'S NAME				14. MOTHE	S MAIDEN N	IAME					
	Danoto	Fratianni			F	rances	CE.	Gallicch	nio			
15.		R IN U. S. ARMED FO		S. SOCIAL SECURITY NO. 17	. INFORMANT			Address				
1.44	No	in last than any or court of		216-14-5593	Franci	e-W. F	ratia	nni Hage	rsto	wn Me	d	
	18. CAUSE OF DEAT	H [Enter only one cou	se per lin	e for (a), (b), and (c).]			1/			INTE	EVAL BETWE	
	PART I. DEATH	H WAS CAUSED BY:		CHANN	very	Oc	du	2-1-1-			11 70417 017	7714
	11.	Due to			-/2.			1 1				
	Conditions, if an		6	Much a	Johnson	7 7	Z. J.	Dus	of all and	1/	C) In	int
	gave rise to immedi (a), stating the w			. 7								
	couse lest.	(c)										
NO.	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	(RT T(o) T	9. WAS	AUTOPSY
X											YES [DRMED?
ERTIFIC	20g. EXTERNAL CAUSE PRIMARY OF CONCAUSE OF DEATH,	SE WAS TRIBUTING []	b. DESCR	BE HOW INJURY OCCURRED	(Enter nature a	l injury in Part	t t or Port ti	of item 18.)		-		
N C		Alask Day Mar		TALLIAN OF COMPANY								
MEDIC	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Yea	Wh	1 4	LACE OF INJUR sciery, street, of			y or town)	(C	County)		(State)
	21. I certify the	at I toak charge	of the	remains described a	bave, held a	n Autaps	y 🔲 , li	nspection 🔼	, Inqu	iry 🗍	, and	find that
	death resulted	from: Natural	causes	🛂; Accident 🔲, S	ivicide [],	Hamicide	[7, U	ndetermined	cause [7.		
		1-	Λ	All_			_		_			
	ACTUAL SIGNATURE	Letw.	24	106	M.D. CHIE	F MEDICAL EX	AMINER [1	DATES	SIGNED
	1		./ <	_O a		TANT MEDIC	AL EXAMINE	R 🔲		07	5/5	5
	EXAMINER'S NAME (Type)	77 51	V_{ij}	VITTO X	DEPU	TY MEDICAL I	EXAMINER [2-		/		4
22o	BURIAL, CREMATION			22c. NAME OF CEMETERY			22d. LOCA	TION (City, town,	or county	}	(Stat	e)
	READUPTET ITY)	8/8/195	9	Rose Hill Ce	metery		Ha	gerstown	Mar	yland	1	
23.	FUNERAL OIRECTOR	SIGNATURE FUNC	ral :	Home Hagersto	nten Md		D BY REGIST			-		
	(Hallas)	MKawa		TOWN TWENT DOC	WILL LEA	DATE	AUG 21	29 (Trillun	1. 10	LaceA	

VS. A15ME(5) 5M 9/55

ar removal



DEPUTY MEDICAL



Reg. Dist. No.

P9581

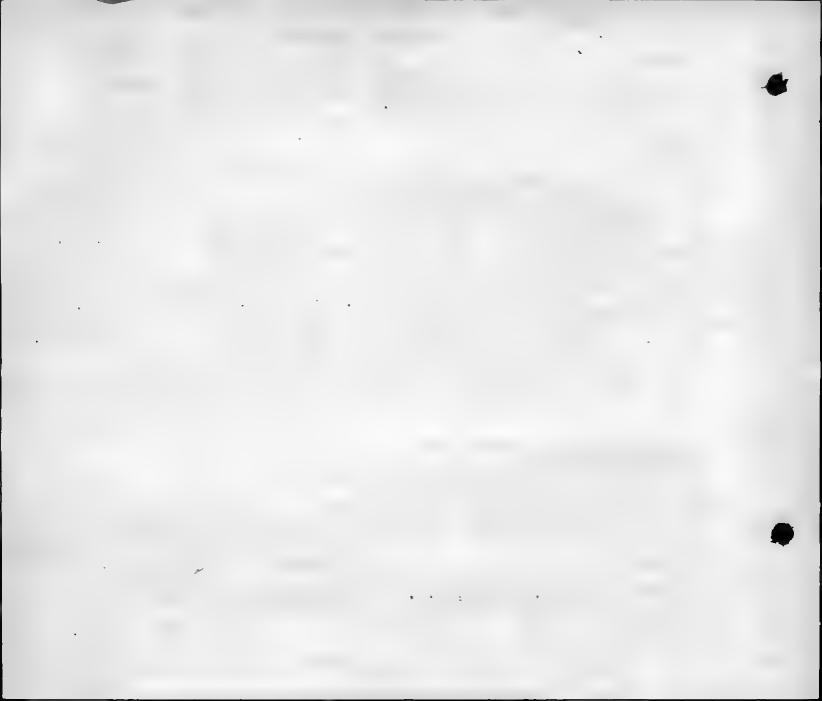
3030	CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	2 USUAL RESIDENCE (Where deceased a. STATE MARYLAND
b. CITY OR TOWN (If autside carporate limits, write RURAL and give gearest lawn) HAGERS TOWN	E. LENGTH OF STAY IN 16 80 YRS.	c CITY OR TOWN (If autside carport
d. NAME OF HOSPITAL (If not in haspital, give street of ACKSON CONV. HOME	oddress)	/d street address / 264 S. POTOMA

1.	PLACE OF DEATH a. COUNTY					2 USUAL RESI	DENCE (Wh	era deceases			ni Residenci	e befor	e admis	tion)
L		HINGTON		MARY	LAND	a. STATE	ARYL	AND	ь сс	YTAUC	WASI	HTN	GTO	N
	b. CITY OR TOWN (IF RURAL and give as A AGERS I	autside carporate limi (est taren) () i N	ls, write	c. LENGTH OF STAY		e city of		utside carpo STOWN		write RU	RAL and gi	ve neg	rest fow	n)
	J ACK SON		ive street o	oddress)		/ street A 264		AMOTO	C ST	?			ON A	SIDENCE FARM? NO 1
3.	NAME OF DECEASED	Fir		Middle		las	t	4. DATE		Mont)	Doy	,	Year
L	(Type or print)	BERTH	A	ALICE		GRIFFE	NBER(UA	GUS	Ţ	6		19 59
	FEMALE	WHITE	7 MARR WIDOWE	IED NEVER MARRI	- 1	DATE OF BIRTI		371	P. AGE (In lost birth	years iday) ly yrs.	Months (YEAR Days	Hours	ER 24 HRS.
L	S. USUAL OCCUPATION during most of working HOUSEW	ng life, even if retired	iane 10b.	HOME	R INDUS		ACE (SIO10 ARYL)		ountry)		12 CITI		S.A	COUNTRY
13.	JOSEPH	KROTZER				14 MOTHER'S	NCY	JONE	S					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wer or defect of s		SOCIAL SECURITY NO NONE		IRS. TH	ERES.	A B.	McCU	Addre NE	"HAGI		TOW	N
NO	Canditians, if any gove rise to im cause (a), stating the lying couse last.	nediote DUE TO)	ontributing to de				VAL DISEAS	E CONDITIO	ON GIVE	N IN PART	45) mi	DEATH 118.
CERTIFICATION	Ent 200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED	(Enter noture o	f injery in P	ort I or Pari	ill of item i	18)			PERFC YES	NO A
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	20d, 1N While at work	Not while of work	20e PLA foc	CE OF INJURY (fory, street, affice	Home, form, bldg., etc	20f (City	or town)		(Co	ounly)		(State)
	21. I certify the alive onA11.s ACTUAL SIGNATURE PHYSICIAN'S WI] NAME (Type) WI]	rust 6	1/959	and that	death		:58p	_M, fran ADDRESS (SI SSI OL	the coursel, city or	ises or rown. i	nd an the	e dat	e state	
22	BURIAL CREMATION			22c NAME OF CEM	ETERY OF		TA MENT	22d. LOCAT			county)		(Stat	
	BUTHY Amerity	8/8/5			ILLL				GERST		* *	1	(J)	~1
23.	FUNERAL DIRECTOR'S	SIGNATURE	11	ADDRESS_	_	>	24a. REC'D	BY REGIST			RAR'S SIGI			

may be retained by the population of tending physician.

O FUNERAL DIRECTO, then this certificate has been signed by the attending physician and campletely filled in by the function page 3 should be detached for use as the burial transit permit. Then please remove carbon pages, Pages 1 and 2 should be funed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. may be retained by the TO FUNERAL DIRECTO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/5B

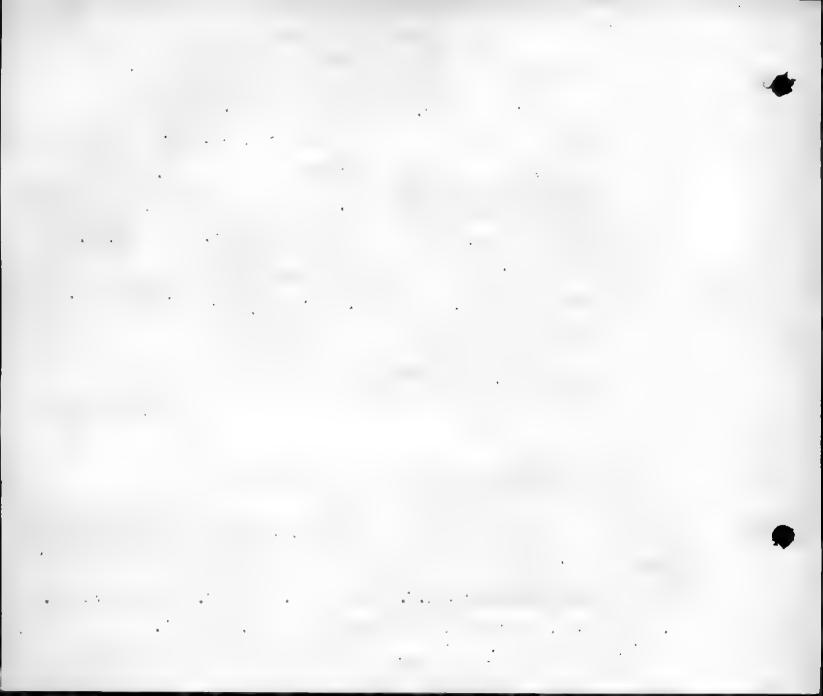
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09582

9638 **CERTIFICATE OF DEATH**

Reg. Dist. No.

	1, 1	COUNTY Was	hington	MARYLANI	2. USUAL RI	esi denc e (wi Maryla	nere deceased lived	, If east lution, b COUNTY W	Residence befo ashing	ore odmission)
	1	BOONSDOP		l yr.	Boo	nsbor ADDRESS	o Md. R	FD #2	At and give ne	IS RESIDENCE ON A FARM?
		NAME OF DECEASED	Raleigh	Middle Abram	4	Last	4. DATE OF DEATH	Month Aug.	D	YES NO 13 Oy Year 1 1959
	5. \$		6 COLOR OR RACE, 7 A	MARRIED NEVER MARRIED OWED DIVORCED			9 AC	E (In years IF	UNDER 1 YEAR	R IF UNDER 24 HRS Hours Min.
	1	USUAL OCCUPATION during most of working most of working most of working the control of the contr	ing life_even if retired)	Farm	Kee	dysvi	lle ^{Fi} d.			S. A
	13.		oram Griff	1 th	14 MOTHE	r's maiden n Suban	_			
)		WAS DECFASED EVER		16 SOCIAL SECURITY NO.	INFORMANT			Boons RFD	boro	Md.
	CERTIFICATION	PART I DEAT 145 O. O Conditions, if an gove rise to in couse (a), staling t lying couse last.	he under: DUE TO	Scheduling to DEATH E	artero ut not related	arlum Jelens	NAL DISEASE CON	DITION GIVEN	4	TO WAS ALTOPSY PERFORMED? YES NO NOTE TO THE PERFORMED? YES NO
		20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUP	PLACE OF INJUR	Y (Hame, farm	, 20f. (City or to		(County)) (Stote
	MEDICAL	Hour o.m. p.m.		hile Not while work of work	factary, street, af	fice bldg., etc.)	•		•
		actuat SIGNATURE	or I attended the dec 7-31-, 1	eased fram 7~ 959, and that dec		oL 74.	M, from the d	auses and	on the date	w the deceased e stated above DATE SIGNE 8-1-59
1		PHYSICIAN'S NAME (Type)	oseph Secon	ndard, M.D.	2	LNN	lain_St.	Boo	nsbere	Md
	22°	BUR AL, CREMATION REMOVAL (Specify) BUT 1.2.	Aug. 3 19	59 Mt. Lena			Mt. Len	City, town, or	county)	(Stote)
	23.	CUCK TO	SIGNATURE QUE	Tellionist	t, ms	24a. REC' AU DATE	G 84 REGISTIBAR	24b REGISTA	AR'S SIGNATU	IRE



ADDRESS

CLEAR SPRING, MD.

240, REC'D BY REGISTRAR

DATSEP

4 '59

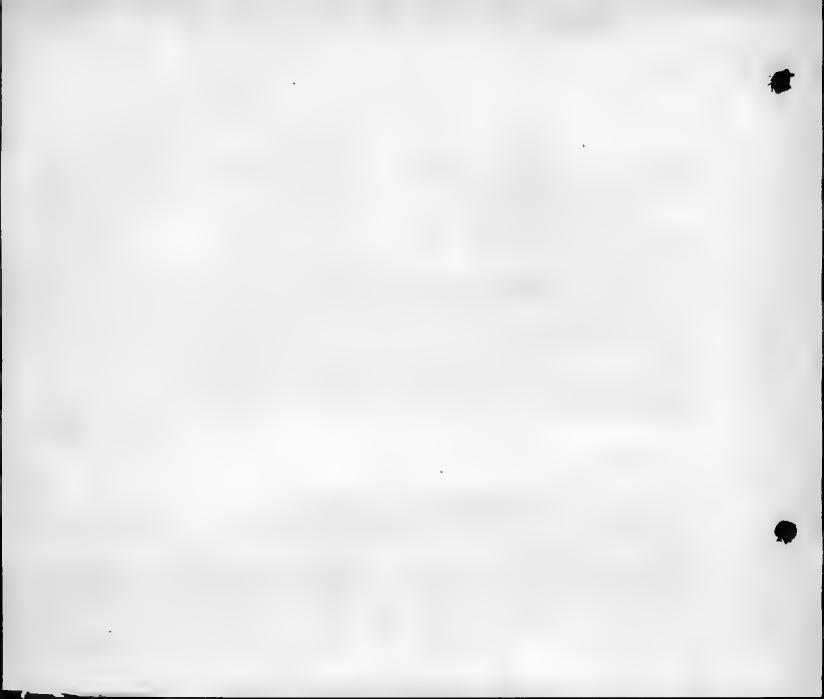
24b. REGISTRAR'S SIGNATURE

Conclud & France

P 2/57

23. FUNERAL DIRECTOR'S SIGNATURE

JOHN F. CLARK



MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
9600				

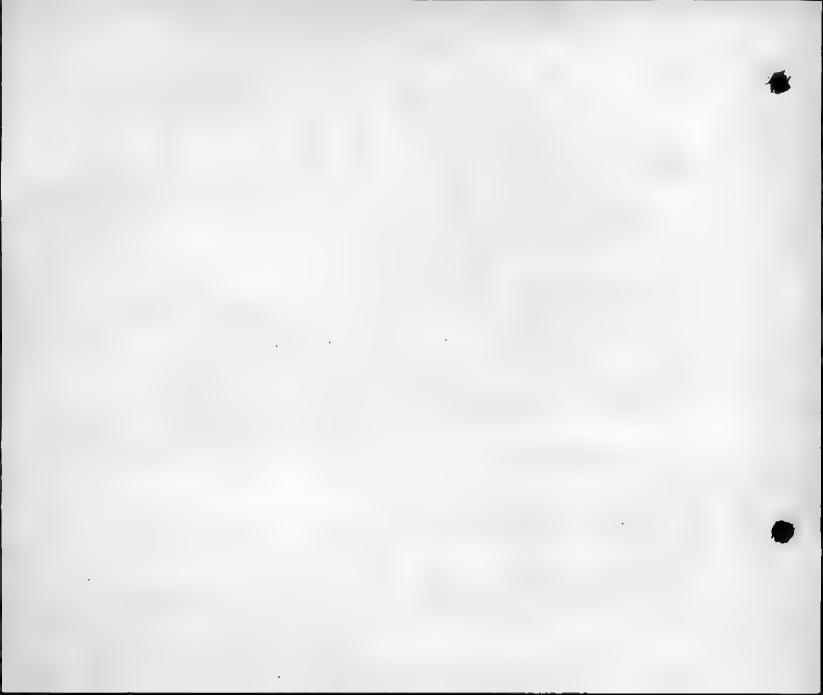
09584

1		ERHFICATE OF DE	AIH	Reg. Dist. No.	X - A
	O. COUNTY Washington County	MARYLAND 2 USUAL RESIDE	ICE (Where deceased lived. 1 cryland b.	COUNTY 4 44 /	re admission) AMY
	RURAL and give nearest town) Agerstown 2		NN (If outside corporate limits estern port		rest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WAShington County H	dospital 511 Ma	ress ryland Ave.		e. IS RESIDENCE ON A FARM? YES NO
		Marie Suy		Rugust 9	y Year 19 <i>5</i> 9
		DIVORCED NOV. 4, 1	910 P. AGE (lost b)	In years IF UNDER 1 YEAR (Indoy) Months Days	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WITE	SINESS OR INDUSTRY 11. BIRTHPLAC Mary 1		12 CITIZEN O	F WHAT COUNTRY?
1	13 FATHER'S NAME Charles Beeman		n Nichol	^	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (Yes, no. or unknown) (If yes, give war or doles of service)		uy- Westernpo	Address rt, Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmon DUE TO Conditions, if any, which) (b) Non - ba	mary infarction	t edema carditis	ONS	everal we
	gove rise to immediate couse (a), stating the under lying couse lost.	a of tail of pane	reas e'metas	lasis to U	lnknown
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS In farctions in spice:	or to DEATH BUT NOT RELATED TO THE	ETERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0) 1	P. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING LI CAUSE OF DEATH	NJURY OCCURRED. (Enter nature of in	jury in Port I or Port II of iten	n 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR Hour e. ft. While Not while p. m. 19 of work of work	ile factory, street, office b	ne, form, 20f. (City or lown) dg., etc.)	(County)	(Stote)
		nd that death accurred at_/	35 M, from the co	auses and an the dal or town, stote)	
	PHYSICIAN'S A.F. Abdullah	M.D. 132333	2 N. Poto gerstoun		
	REMOVAL (Specify) 8/10/50	OF CEMETERY OR CREMATORY	22d. LOCATION (City Westerns		(Slote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRES Western	4		46. REGISTRAR'S SIGNATUR Conting S. Know	E



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09585**CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **Q STATE b.** COUNTY 20070 NASHINGTON MARYLAND WASHINGTIN b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) VEARS DOUNSBAIL DOONSBORD d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARMS SOUTH YES 🗍 NO 🔀 SOUTH MAIN MAIN .9 3. NAME OF First Middle Lost 4. DATE Year Filled DECEASED OF campletely filled (Type or print) ANKIE DEATH AUGUST -19 5 HARSHMAN 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HI last birthday) Doys Hours DIVORCED [WIDOWED TIEMALE yrs 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? puo HOUSE WITE HOME FRED, CO. MO. U.S.A u p 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RANDEN BORG DULSE Q-ROSS NICKLE IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO INFORMANT Address NO JOENIS BORD NONE CAUSE OF DEATH [Enter only one couse per/fine for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. al-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1001 19 WAS AUTOPSY PERFORMED? YES I NO I 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. m factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from 12-2 194 7, that I last saw the deceased la.Z alive anz 11 and that death accurred at 17 . M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE FUNERAL DIR PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) PEMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR S SIGNATURE 24a. REC'D BY REGISTRAN VS A15 (4) Colling & Krouk 15M 10/57



0.9588

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CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH a. COUNTY 8. Sh 11	ngton			MARY	LAND	a STA	residence ryla		ere decease		if instituti		ence befo	ore admiss	ion)
b CITY OR TOWN (I RURAL and give no Hagers	foutside corporate limi orest town) 3 TOWN	ls, write		TH OF STAY	IN 16				italde corpi 7111 é		iits, write f	URAL ond	d give ne	arest town	o)
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospitat s					d. STR	EET ADDR	ESS	th S					e. IS RES ON A YES	IDENCE FARM? NO (4
3. NAME OF DECEASED (Type or print)	Fir KATHARIN		MAE	Middle	TADI	TRANF	lost Ti		4. DAYE OF DEATH		Mor			0.00	Yeor
5 SEX	6 COLOR OR RACE	7. MARI	RIED N	EVER MARRI		B DATE OF		- 04		9. AGI	(in years birthday)		R) YEAR		19 ER 24 HRS. Min.
Female	White	WIDOW		DIVORCE		Nov.	27	189			51 ym	<u> </u>			
Secretar	ing life, even if retired	1 1 .			&Coc	ey	Fair	v16	ew Wa		Co l	id iz. c		SA	COUNTRY
13. FATHER'S NAME						14. MOT	HER'S MAI								
	D. Hard				1		Sar	a.h	Min	110					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR Jif you, give wor or dates of t	arvice)				NFORMANI	100	**				lress		. 717	. 13
No	****	11.		3-0249		orge						<i>f</i> b 1			
1 1	TH {Enter only one co TH WAS CAUSED BY:	iuse per li			*		CUSH	upe:	rebui	rg i	a.		ON	ERVAL BE	DEATH
PART IS DEC	IMMEDIATE CAUSE (0		1-2	VKE	100	<u> </u>	- 7	<u> </u>	<u> </u>					14	mo
м 😽	DUE TO														
Conditions, if a	mmediate			-											
couse (a), stating lying couse last.	the <u>under.</u> DUE TO														
	J (e IER SIGNIFICANT CON		CONTRIBU	TING TO DE	ATH BUT	NOT RELAT	ED TO THE	TERMI	NAL DISEAS	SE CONI	DITION GE	VEN IN PA	RT I(a)	19. WAS	AUTOPSY
CATIC														PERFO	NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HO	W INJURY O	CCURRE	D. (Enter no	ture of inju	ury in P	art far Po	rt II of i	tem 18.)				
20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Doy, Ye	ar 20d. I While at war		while		ACE OF INJ story, street,				y or low	n)		(County))	(State)
21. I certify th	ot I ottended the	deceas	ed from	TV:	0.8.9	, 19	58,10	o.A.	49.	25	., 19.5%	Ž.,that l	l lost s	aw the	decease
olive onA_	V) 25	, 19	rg.,.	and that	death										
	X	,		1					LDDRESS (Street, ci	ty or town,	state)		D.	ATE SIGNE
SIGNATURE	Kond a.	-/-/	-4//	4200		MD _2	-1.4.	<u>M.:.</u> .	Pot	-017	78.L	77		8/	2-5/1
PHYSICIAN'S NAME (Type)	27042	A -	40	FF	וגמ	<u> </u>	143	29	A.Y	1±1	0 12 1	<u> </u>	n	12:	
220. BURIAL, CREMATIC	N, 226 DATE THEREC	OF /	22c. NA	ME OF CEM	ETERY O	R CREMATO	RY		22d. LOCA	TION (C	ity town,	or county)	(Slal	(e)
Burial				nkard	Cer	ne ter	У	B	coad	ford	ک خاصصہ	Wag			
23. FUNERAL DIRECTOR				DRESS			240		BY REGIS		_	ISTRAR'S S			
Andrews I	C. Coffma	n Ha	gere	stown	Md.		DA	TE A	UG 27	'59		inthug	8. 14	and	

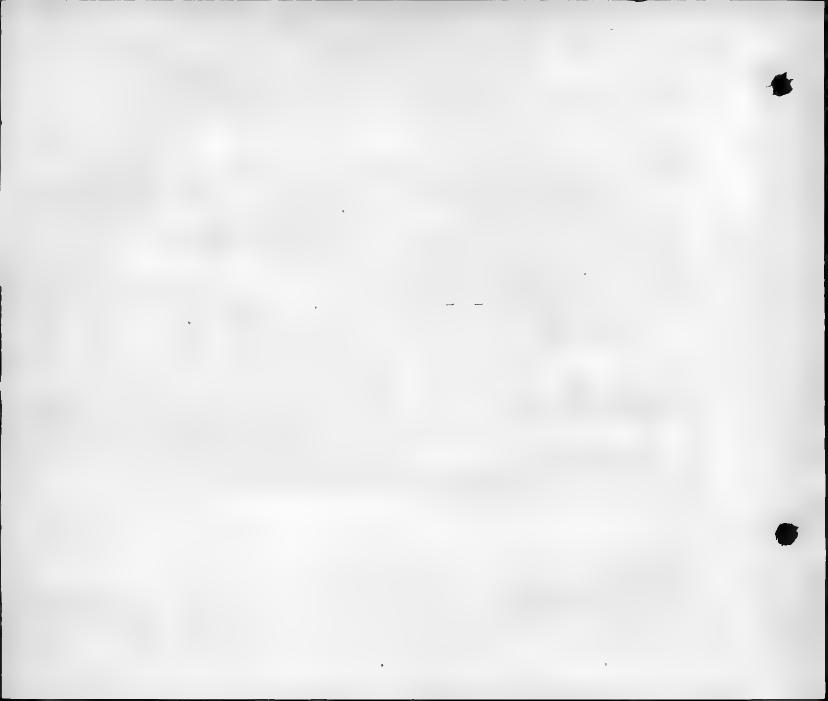
may be retained by the splitted or attending physician.

TO FUNERAL DIRECTOR for the this certificate has been signed by the attending physician and campletely litted in by the fune page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

requires that the death certificate be executed within 24 hours after death;

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VS A15 (4)

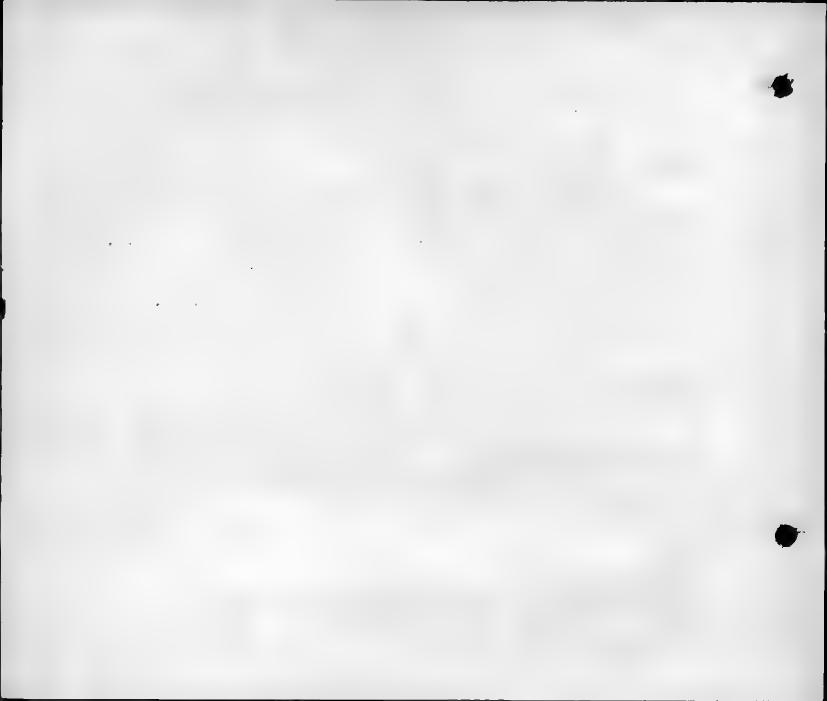


CERTIFICATE OF DEATH

								•		Reg. C	list. No.	
1,	PLACE OF DEATH				2.	USUAL RESIDE	NCE (Wh	ere deceased	lived. If institu		ence before	admission)
	. COUNTY	shington		MARYLAND		e. STATE	farv	land	b. COUNT	Y Fre	deri	ek
_	b. CITY OR TOWN (f autside carporate limits	, write	c LENGTH OF STAY IN 16	-				ote limits, write			
	Rural Bo			3 years	3	Wolfs		_	1	. X .		
	NAME OF HOSPIT	AL (If not in hospital, gi	ve street			d STREET ADD	DRESS				0.	IS RESIDENCE ON A FARM?
9	anrney K	eedy Memo	rial	L Home								YES NO IE
	NAME OF DECEASED	First		Middle		Lost		4. DATE OF		onth	Doy	Year
	(Type or print)	Clennia		s.	1-1	ays.		OF DEATH	8		12	19 59
SE	х	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. D	ATE OF BIRTH			9. AGE (In year lost birthday) 81- yr	Months Months		FUNDER 24 HR
	<u>female</u>	MITTOC	WIDOWI		6	/16/18	75					
R.	. USUAL OCCUPATION during most of war	ON (Give kind of work di king life, even if retired)	ane 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLAC	E (State	or foreign co	iuntry)	12. C	ITIZEN OF	WHAT COUNT
	housew	1 -		own home		Mary	<i>r</i> lan	d		U	.S.	
ĺ	FATHER'S NAME				1.	. MOTHER'S M	AIDEN N	IAME				
	Joseph	Stottlemy	er			Mart	tha	Hurle	y			
		R IN U. S. ARMED FORC		SOCIAL SECURITY NO. 17.	INFO	RMANT				dress		
	0			none	Гое	Hays,	My	ersvi	lle, N	ld.		
	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	ATH [Enter only one cou				7	p				INTER	VAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	sunt-j	anterold	. />	13.11	1 75	10/01	Y U.S. 2		ONSE	T AND DEATH
	450.0	DUE TO					-	/ 4				/
	Conditions, if a			continer	.01	-11-1	7/	J 1 5			13	dirent
ı	gove rise to i	mmediale (DUE TO		Late to Late to Late			, 1,10					
Į	cause (a), stating lying cause last.	the <u>under-</u> (c)						/				
	PART II. OT		ITIONS (CONTRIBUTING TO DEATH BU	I NO	RELATED TO TH	HE TERMI	NAL DISEASE	CONDITION G	IVEN IN PA	RT 1(o) 19.	WAS AUTOPS
												PERFORMED?
	20a. ACCIDENT W	AS UNDERLYING [206. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter noture of in	njury in f	Port 1 or Port	II of item 18)			
	(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)										
	20c. TIME OF INJUI	Y Month, Day, Yea	20d II			OF INJURY (Ho			or town)		(County)	(State
	Hour a m.	19	While of wor		octory	, street, office b	ildg , elc.	1				•
				1) - 1/2 - 2	7_	· 1-61	. 19	71	Dent	71,		
ı		at I attended the	deceas	00 1		19.3. 7.,	IC Z	Shif		/		v the decea
	alive on <u></u>	-1-71	_, ISN	and that deal	h ac	curred at \angle			n the causes reet, gify or low		the date	stated abo
	ACTUAL	41/1/1	1./	11. 11		1	17/1	MDDRESS (SI	2 - The Land	n, signej		8/13/
į	SIGNATURE	1661	-6		_ M.D.		44	0 25 74	10 (12 2)			1-1-1-1
	PHYSICIAN'S NAME (Type)	G.W.L	46	ia li	_			1	14			
7	BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEMETERY	OR CR	EMATORY		22d. LOCAT	10N (City, town	, or county)	(Stote)
)	urial	8/124/19	59	Lutheran (Cer	etery		Woli	sville	9	M	d.
	FUNERAL DIRECTOR			ADDRESS		2	40. REC'	D BY REGIST	RAR 24b. REC		IGNATURE	
	GI adhi	11 Co.	Mi A	lletown. Md.			(41)	G 1 7 '5	3] C	Minute &	1 Harry	l

may be retained by the spital or attending physician.

TO FUNERAL DIRECTOR for the this certificate has been signed by the attending physician and completely filled in by the funer page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers flages 1 and 2 should be fixed with the registrar priar to burial, crematian, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A1S (4) 15M 9/55



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4 24 may be retained by the spital or ottending physician.

S FUNERAL DIRECTON —— this certificate has been signed by the attending physician and completely filled in by the funer page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popurs. Pages 1 and 2 should be if the majstrar prior is merici, memotion, memoval, and in any event within 72 hours ofter death.

TO FUNERAL DIZECTOR

VS A15 (4) 15M 10/S7

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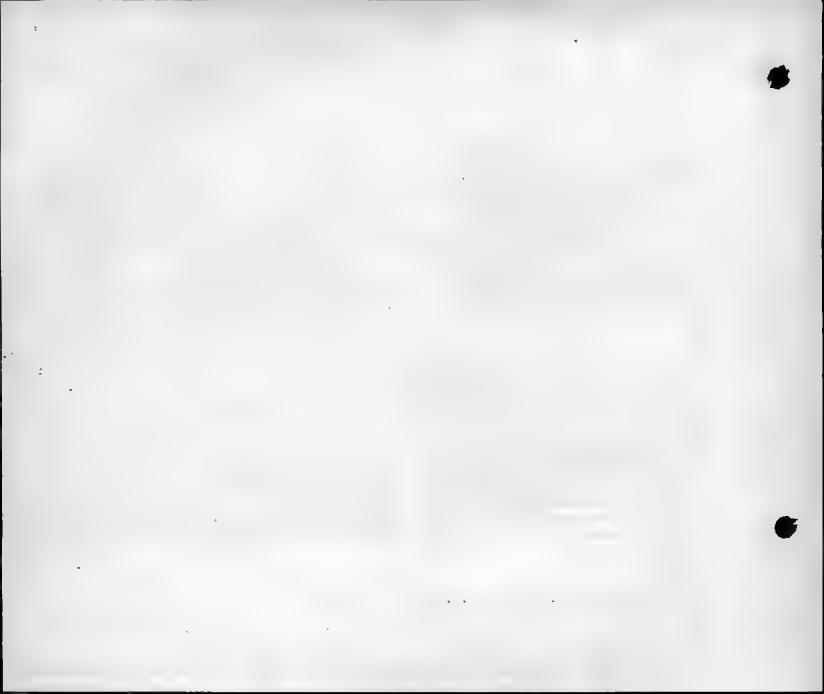
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. No. 19588

1. PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (WHO STATE	nere deceased lived. If institution, Residen	ce before admission)
WASHINGTON	HAPATANII .	MARYLAN	ZAW/	HINCTON
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	e. LENGTH OF STAY IN 16		outside corporate limits, write RURAL and p	
HAGERSTOWN	10 DAYS	X	EVENICEE	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address) (d. STREET ADDRESS	l	e. IS RESIDENCE ON A FARM?
WASH, Co. H	ASPITAL	NAIN	ST	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
(Type or print) + RANKLIN	T. H	DOLES	DEATH AUGUST - 29 -	19 59
S. SEX 6. COLOR OR RACE 7. MARI	NED NEVER MARRIED	8 DATE OF BIRTH		Doys Hours Min
MALE WHITE WIDOW	ED 🔼 DIVORCED 🗌	SEPTEL	872 86 11 17	2 5
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country) 12. CIT	IZEN OF WHAT COUNTRY?
PRINTER - CHOVERNIAMIAM	T PRINTING OFFI	CE MUNTGOMI	EISY CO. MID. 1	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
VALLIARA HOD	C-ES	ELIZA	BETH WINDSON	7
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
No.	NONE M	RICLEO F	LOWK KEEDVSVI	LLE MIP.
18. CAUSE OF DEATH [Enter only one cause per-	re los (0) ((b), and (c))	01 600	00 00	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	yemile)	2 RX 13 (rd)	der ifferetombi,	3 44 54
DUE TO DO	1 of	77 -177	0000	1- 61
Conditions, if ony, which) (b) (4)	come (ho	Myshilest	This schazes	J'yro.
gove rise to immediate cause (a), stating the under-				
lying couse fost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	T(0) 19 WAS AUTOPSY PERFORMENT
3 Keppro All	weres W	Mr When	mo-	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I or Part II of item 18)	
	NJURY OCCURRED 20e PL	ACE OF INJURY (Home, form	Tank acid	
Hour o.m. 10 While	Not while for	story, street, office bldg, etc.	(C	(State)
			101 20 July 1	
21. I certify that I attended the deceas	74 .//	1907.10.61		ast saw the deceased
alive on CLAU 1 191	and that death		M/from the causes and on the ADDRESS (Street, city or town, state)	ne date stated above.
ACTUAL MAROTTA HE	Chear		NUMBERS (SIECE), CITY OF TOWN, SIGNAY	X / 1 / Care
SIGNATURE / COMMON /	नि ।	M.D.		2731,375
PHYSICIAN'S WALTEY H. S.	LEALY M.	Di SKAY	PSbyrgiMi	<i>{</i> ,
220 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City Joyn, or county)	(State)
BURIAL SEPT. 1.1959		ENLETERY	KEEDVSVILLE WAS	SHICHMA
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'	D. BY REGISTRAR'S SIC	SNATURE
- Jelly W. Bast 3	CONSBORD N	1D. DATE	Chilling	S. Home



death.



09590

,	o. COUNTY 7.F						2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)									
1	· °	Was	shingt	on	HARY	LAND	a state Maryland b. COUNTY Washington									
/	b	. CITY OR TOWN (If a	utude carparate lin	nets, write RURAL	c. LENGTH OF STAY	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)										
		Rural -	ay, Md.	Rural -Fairplayro Md.												
	d	I. NAME OF HOSPITA	L OR INSTITUT	ION (If not in he	ospital, give street addres	, d. STREET ADDRESS o. IS RESIDENCE ON A FARM?										
		Boonsbor	#1 I	Md.		Boonsbo	1. RED #1			YES NO						
		NAME OF DECEASED	Last	4. DATE	Month		Day		ear							
		(Type ar print)	John				oward	DEATH	Aug		27	19	9 59			
	5 5			RACE 7- MARR	MARRIED NEVER MARRIED . 8.		PATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			R 24 HRS			
		Male	White willow		/ED DIVORCED D		ug. 1 192	.9	30 yrs	Months	26	Hours	Min.			
	10a	. USUAL OCCUPATION	I (Give kind of	work dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar fareign e	country)	12. Citi	ZEN OF	WHAT (COUNTRY?			
		rarmer	110, 01011 11 10		Farm		Sharpsbu	rg Mo	d.	U. S. A						
	13.	FATHER'S NAME				11	14. MOTHER'S MAIDEN NAME									
		Raymond C. Howard Edna Nichels														
	15. (Ym.	WAS DECEASED EVEL	IN U.S. ARM	dotes of service)	SOCIAL SECURITY NO.		ORMANT		Address							
		yes ic		48 2 2	20-26-075	Mr.	. Raymond	_How	ard She	rpst	ure	Md				
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]														
		PART I. DEATH	WAS CAUSED	8Y1 ISE (a)	Yumbart	f- /	Wownel	1	chort	-	-	. Fre the spripe				
		976 X DUE TO 2														
		Conditions, If ony, which) 85														
		gove rise to immedi	ote couse	UE TO		1	- any y				7					
		(a), stating the us	derlying	(c)	Hemit	En	and no	76								
	Z.	PART II, OTHE	R SIGNIFICAN		CONTRIBUTING TO DEAT	H BUT NO	TRELATED TO THE JURM	NAL DISEAS	E CONDITION GIV	EN IN PAR	T I(o) 19	WAS A	UTOPSY			
A	CERTIFICATION										У	PERFOI				
pare .	E	20g. EXTERNAL CAUS	E WAS	20b. DESCRI	BE HOW INJURY OCCUP	RRED. (Ent	er noture of injury in Par	t or Part	of item 18.)			h-pul				
	CER	CAUSE OF DEATH.	IRIBUTING L	Redu	mat to	72-12-6	neld ch									
	3	20c. TIME OF INJURY	Month, D	ay, Year 20d.	INJURY OCCURRED 2	Oo. PLACE	OF INJURY (Home, form	1. 120f (City	y or town)	(Car	inty)		(Stote)			
	WEDICAL	Hour um.	Bi	Van Whi		foctor	, street, office bldg., etc.	26	a bolom	. Wo	Mer	ant-	mel			
	HET.		at i taak ci	/	remains described	d above	e, held an Autaps	y 4, 1	nspection /,	Inquii	y 🗀.	and f	ind that			
		death resulted t	from: Nat	ural causes	, Accident ,	. Suici	de 🚁 Hamicide	III. U	ndetermined c	ause 🗀	i. —					
			1								•					
		ACTUAL SIGNATURE	1-20	D 00	(Ob)		M.D. CHIEF MEDICALE	CAMINER [12	-	DATE SI	CHOO			
			-	/		9	ASSISTANT MEDIC	AL EXAMINE	R 🔲	//-	de	/				
		EXAMINER'S NAME (Type)	TE	NA	1110	1º	DEPUTY MEDICAL	EXAMINER (/ -		3/8				
		BURIAL CREMATION	1 4		22c. NAME OF CEMEN				TION (City, town, o			(Stote	1)			
	I	Burial."	Aug.	30-59	Mt. View	Cen	netery	Shar	rpsburg	Mary	Lar	d				
		ELIMERAL-DIRECTOR'S	CICALATURE		ADDRESS	7	-2 24m PEC"	A BY DECLES	TRAD DATE DECIS	TRAO'S CI	SELECTION	-				

DATE SEP

1 '59

Colling & Kinus

VS. ATSME(5) 5M 9/55

or remayal.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, very the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Tell doe forwarded to the Ch. edical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the registrar prior to burial, cremation.

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09591

9604	t and the second	STATE DEPARTMENT CERTIFICATE		
		CERTIFICATE	OI DEATH	R

	CERTIFICATE	DEATH	Reg. Dist. No	o							
o. COUNTY Washington	MARYLAND 2. USUAL o. STAT	RESIDENCE (Where deceased lived E Md •	b COUNTY Wash								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	LENGTH OF STAY IN 16 C. CITY	OR TOWN (If outside corporate ! Hagerstown	imits, write RURAL and give no	earest town)							
d. NAME OF HOSPITAL (If not in haspital, give street add OF INSTITUTION Washington County Ho	pspital / STR	1423 Virgini	a Ave.	e. IS RESIDENCE ON A FARM? YES NO							
3. NAME OF DECEASED (Type or print) Lula	Agnes Itne	yer 4. Date OF DEATH	Aug. 16,	Year 19 59							
5. SEX female 6. COLOR OR RACE 7 MARRIED White WIDOWED	NEVER MARRIED 8 DATE OF SEPT.	12, 1890 ° 6	GE (In years IF UNDER 1 YEA Months Days yrs.	R IF UNDER 24 HRS Hours Min							
100. USUAL OCCUPATION (Give kind of work done 10b. Kit during most of working life, even if retired) Seamstress clo		4 25 4 5 31	id.	OF WHAT COUNTRY?							
13. FATHER'S NAME William P. Yo	ung 14. MOT	HER'S MAIDEN NAME CAT	rie Stahl								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? U.S. SO [Ves., no. or unknown) [If yes., give wor or dates of service]	C-12-7579 Roy E.	Itneyer, Hag	erstown, Md	•							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Unternance of the second section of the second seco	OC CLUSICO VOSIS ED TO THE TERMINAL DISEASE COM	1	19. WAS AUTOPSY PERFORMED? YES NO							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED. (Enter not	ure of injury in Port I ar Port II of	(tem 16.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o.m. While of work	JRY OCCURRED 20e. PLACE OF INJ Not while at work	JRY (Home, form, office bldg , etc.)	own) (County	(Stote)							
21. I certify that I attended the deceased from 7/17, 1959, to 8/16, 1951, that I last sow the deceased alive an 8/15, 1959, and that death accurred at 2'54 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) PHYSICIAN'S Robert V. L. Campbell Acquired to 45 W Washing for 5t 8/17, NAME (Type) PHYSICIAN'S NAME (Type)											
buria (pecify) 8-19-59	Rose Hill Cemet		(City town, or county)	(Stote)							
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son	ADDRESS ., Hagerstown, M	d. DATE AUG 2 0 '59	246. REGISTRAR'S SIGNATION OF THE CONTRACT S. The								

and campletely filled in by the funeral Arectar, ban papers. Pages 1 and 2 shauld be filed with G PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death often TO HOSPITAL OR ATTENTIGE PHYSICIAN: The law requires that the death certificate be may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached far use as the burial-transit permit. Then please remayer took the registrar prior to burial, crematian, ar remayal, and in any event within 72 plays after

VS A15 (4) 15M 9/5B



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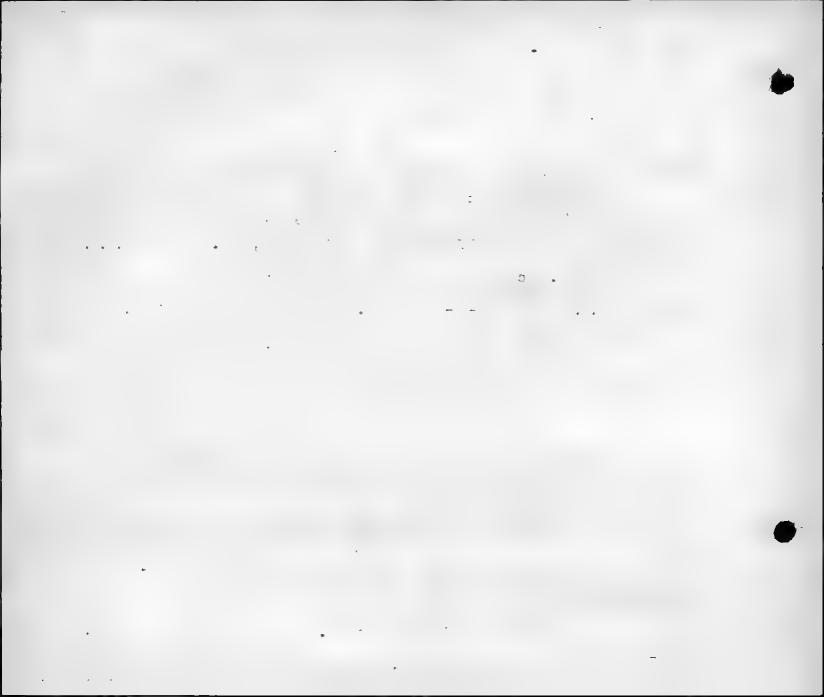
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09592

	30	VV		CERTI	FICAT	E OF E	DEATH	1		Reg. Dis	t. No. 30)2			
1.	PLACE OF DEATH				2	USUAL RESI	DENCE (Wh	ere decease	d lived If institut		a before ad	mission)			
L	Wa	shington		MARY	LAND	Maryland Washington									
	 b. CITY OR TOWN (If RURAL and give need 	outside carporote lim	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Hagerstown 5 years							G Hagerstown								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION							d. STREET ADDRESS e. IS RESIDENCE ON A FARM?								
729 Orchard Road							729 Orchard Road								
3. NAME OF First Middle						Las		4. DATE		inth.	Year				
	(Type or print)	JOSEPH		PARKET	?	JACKS	ON	DEATH	Augus	t	21	19 59			
5.	SEX	6. COLOR OR RACE	7. MARR	TED TO NEVER MARRI	ED 🔲 8. (DATE OF BIRTI	Н		9. AGE (In years lost birthday)		Doys Hou	NDER 24 HRS			
	male	white	WIDOWE		_	arch	15. 19	923	JO y⊓	William .	Doys Hot	ors Min,			
100	USUAL OCCUPATION	N (Give kind of working life, even if retired	1 1							12. CITI	ZEN OF W	HAT COUNTRY			
	Salesman		Ce	eraal compa	any	Bir	mingh	am, Al	La.	U	.S.A.				
13.	FATHER'S NAME				1	14. MOTHER'S									
L		omas S. Ja					1 Mog.	ridge							
15. jy	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17 INFO	PRMANT			Add	dress					
L	yes	W.W.II	4(05-18-5903	Mrs	. Nell	. Jack:	son	Ha ger	stown,	Mary	yland			
			iuse per lin	e for (0), (b), and (c).]	110	2	1	1			L BETWEEN			
	PART I. DEATH WAS CAUSED BY Myseulial Infanting ONSET AND DEATH														
	420.0 DUE TO										/ _ (
	Candilions, if any, which) (b) (Monary selectory										7				
	gove rise to immediate cause (a), stating the under DUE TO														
_	lying couse last.) to	1												
Į.	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. W	AS AUTOPSY REORMED?			
\ 5		Mexica	5								YES	□ NO □			
CERTIF	20o. ACCIDENT WAS UNDERLYING 70o. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of ilem 18) OR CONTRIBUTING 70o. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of ilem 18)														
	(IF EITHER, NOTIFY A				Y										
WEDICAL	20c. TIME OF INJURY Hour o.m.		or 20d IN While	JURY OCCURRED Not while	20e PLACE factory	OF INJURY (I y, street, affice	Home, form, a bldg., etc.	, 20f. (City)	or town)	{C	ounty)	(Stole)			
ME	р. т.	19	of work					1.		_					
	21. I certify that I attended the deceased from hat here would have 19 that I last saw the deceased														
	alive an														
		1-1.	1	7/2	1 1	0 11			reet, city or town		-	DATE SIGNE			
	SIGNATURE	Mular	4/	my	MO	<i></i> /_	35	104	may	one	_ 2	-1 Tuy			
	PHYSICIAN'S PILL T B' 6 1 Lie ento 200										10				
	NAME (Type)	chard	4	Dinf	0 9		170	1	- Myn	/	-11-	7			
220	BURIAL, CREMATION REMOVAL (Specify)	- 1-1 1)F	22c. NAME OF CEME				_	TION (City, lown,	or county)	_	Stote)			
	urial	8/24/195	9	Zachary	Taylo	r Cem.		Louis	wille		Ken	tucky			
	FUNERAL DIRECTOR'S Uter-Rouze:		Home	ADDRESS			240 REC'D	G 2 4 5	RAR 246 REG	ISTRAR'S SIG	NATURE				
1	D. 12 4.8	12	******	Hagerstow	m. Mai	haelvr	DATE PLU		1 0	W Lowers	Thank				

moy be retained by the pital or otherding physician.

O FUNERAL DIRECTOR: It his certificate has been signed by the attending physician and completely filled in by the function page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers, Pages 1 and 2 should be fait the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTEMENT & PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death moy be reloined by the TO FUNERAL DIRECTOR VS A15 (4) 15M 10/57



after death.

requires that the death certificate be



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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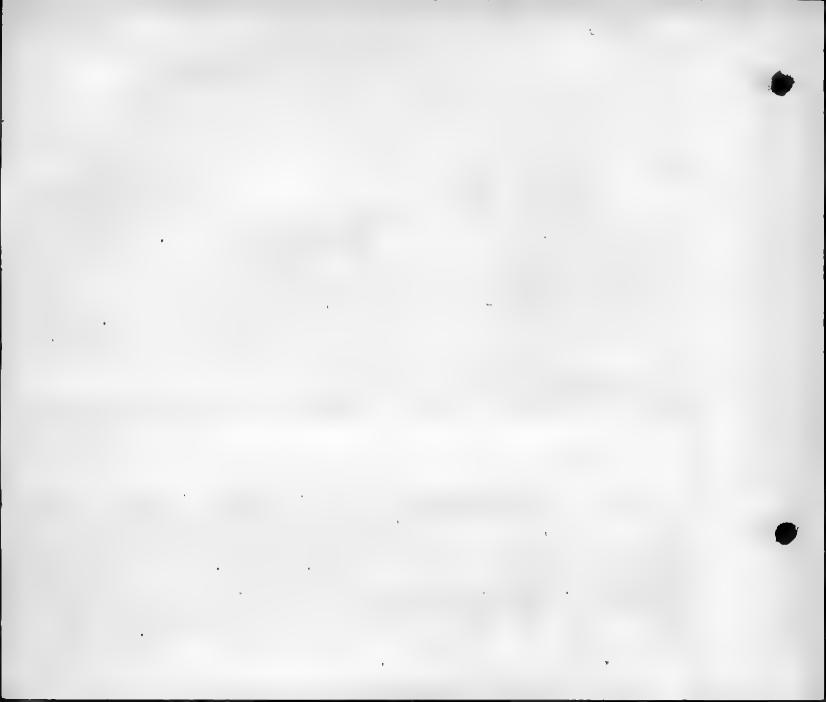
1	50	00		CERTI	FICA	TE OF	DEA	IH			Reg. D	ist. No.	302	3	
1, 1	LACE OF DEATH S. COUNTY THE Shin	gton		MARY	LAND	2 USUAL RE 0. STATE Mary	sidence Land			Physical II.		nce belo	re odmiss	ion)	
	CITY OR TOWN ("RUPAL and give no Hagers	c. CITY OR TOWN (If autside corporate limits, write RURAL and give neare Hagerstown							rest town)					
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 209 Nest Irvin Ave						d STREET ADDRESS 209 West Irvin Ave							. IS RESIDENCE ON A FARM? YES NO P		
		OMER		Middle CAMOHT		YLOR	Sr	4. DAT OF DEA		Mon ugus t	27		9	Yeor 19	
	Male	White	WIDOW			July	20	1885	7	GE (In yeors st birthday) 4 yrs.	Manths	Doys	Hours	Min	
	Attorney		dane 10b	kind of Business o Lawyer	R INDUS	Hage	rsto	wn wa	n country	Co Md			SA	COUNTRY?	
	Thomas	Thomas M. Kaylor Orbannah Fahrney													
[Yes	WAS DECEASED EVER	IN U. S. ARMED FOI f yes, give wor or dates of	rererce)	SOCIAL SECURITY NO -12-2915	0	mer T				Add					
	18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c).] 940 The Terrace Hagers town Ministrand Death Part I DEATH WAS CAUSED BY: Coronary thrombosis 20 min.											TWEEN DEATH In.			
	420, Canditions, if on gove rise to in couse (a), stating 1	y, which) ()	Ar	terioscler	otic	heart	disea	ase				I	ndef:	inite	
Iying cause lost. (c)											RT 1(a) 19. WAS AUTOPSY PERFORMEDS, YES NO				
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINERY	206. DES	CRIBE HOW INJURY O	CCURRED	. (Enter natur	af injury	in Part 1 or	Part 11 of 	ilem 18)					
MEDICAL	20c. TIME OF INJURY Hour o. m. 一页 而.	Month, Day, Ye		NJURY OCCURRED Not white	20e. PLA foci	CE OF INJUR	Y (Home, I fice bldg ,	orm, 20f (City or to	wn) 		(Cauniy)		(Slote)	
	21. I certify that I attended the deceased fram July 3, 1959 19 to death 19 that I last saw the deceased alive an July 26, 1959 and not death occurred at 5:00 PM, from the causes and on the date stated above. ADDRESS (Street, city or lawn, stole) DATE SIGNED M.D. 318 N. Potomac St. 8-28-59														
		ert F. Kea						wn, Mo							
	BURIAL CREMATION REMOVAL (Specify) BUTIAL	8/30/59	OF	Rest Hay			ery	Has	ers	(City, lown, o	Md.	Was	(Slet	•	
23.	Andrew K		n Ha	gerstown	Md.		1	SEP	GISTRAR 159		SPRAR'S SI				

TO HOSPITAL OR ATTITUTING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by II spital or attending physician.

TO FUNERAL DIRECTO muse this certificate has been signed by the attending physician and campletely filled in by the fune-page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

Page 4

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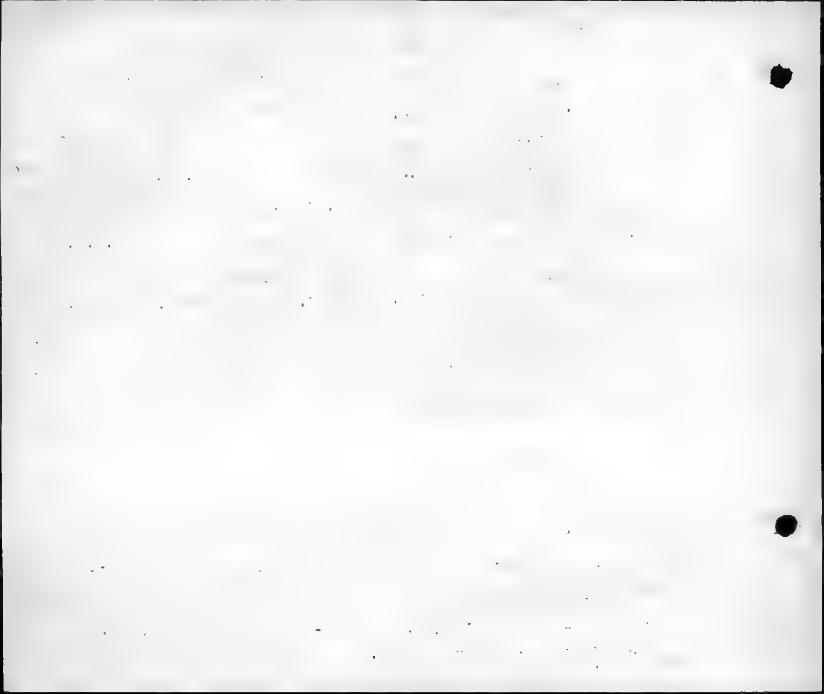


							Re	g. Dist. No.	
1, PLACE OF DEATH o. COUNTY	Wa alaka da		MARYLAND		ence (Whe	re deceased lived.	If institution, R	esidence befor	re admission)
L CITY OF TOWN I	Washingt		c. LENGTH OF STAY IN 16	+					
Smi the	f outside corporate lim egrest town)	HK, Write	C. LENGTH OF STAT IN 16			hide corporate fin		. and give nea	rest fown)
		ral	50 yrs.	X Smit		rg R	D 1		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, Own Hom	*	address)	/ d STREET AD	DRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Myr	tle	Middle E • K	endal 1		4. DATE OF DEATH	Month Augus	t 13	y Year 19 5
S SEX	6. COLOR OR RACE	7 MARR	HED W NEVER MARRIED	8. DATE OF BIRTH	4	9. AGI			IF UNDER 24 HRS
Female	White	WIDOWE		Apr. 3	7	39 7	О уп	onths Days	Hours Min.
10a USUAL OCCUPATION ** during most of work	ON (Give kind of work sing life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11 SIRTHPLA	CE (State a	r foreign country)	1	2. CITIZEN OF	WHAT COUNTRY?
Housewife		7	Own Home	Maı	rylar	nd		U.S.	. Δ .
13. FATHER'S NAME				14. MOTHER'S A					
Willia	m Toma			01-1	ra Br				
15 WAS DECEASED EVE	- RYMU	RCES? 16.	SOCIAL SECURITY NO I	NFORMANT	P BI	Me1 (11)	Address		
No	(If yes, give wor or dates of			ester W	. Ker	ndall	Smiths	burg	RD1
		ause per lin	ne for (o), (b), and (c),]						RVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (n)	Coronary of	celusion	1			ONS	lamin.
420.1	DUE TO								
Conditions if a	ny, which)		Artersclere	otic car	1103	rscular	n diser	3.30	Fyrs.
gave rise to i	mmediote (>							
Couse (a), stating lying couse last.	ine under-								
		c)c	CONTRIBUTING TO DEATH BUT	NOT RELATED TO 1	THE TERMIN	A. DISEASE CONI	DITION G VEN I	N PART 1/m 1	9. WAS ALTOPSY
PART II. OTH							PINON 0 72117	7 7 7 (0)	PERFORMED? YES NO []
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in Po	et Lor Part II of a	tem 18.)		
20c, TIME OF INJUR Hour o. m.	Y Manth, Day, Ye	ear 20d. It	NJURY OCCURRED 20e PL	ACE OF NJURY (He	ome, farm,	, 20f (City or low	n)	(County)	(State)
Hour o, m.	19	While of worl	Not while for k ☐ at work ☐	tory, street, office b	bldg., etc.)				
-					_	1			
			ed fram0_30=54						
alive on.	8+ 3,-5.	, 19	, and that death	accurred at					
ACTUAL 0/	11/	111				DDRESS (Street, ci	*	-	DATE SIGNED
SIGNATURE	reles S.	Her	2	M.D	Suith	ısbur 🗼	d.	<u> </u>	5-59
PHYSICIAN'S NAME (Type)	Charles H	ess							
220 BUR AL, CREMATIO	N. 22b DATE THERES		22c. NAME OF CEMETERY O	R CREMATORY	[:	2d. LOCATION (C	lity, town, or co	unty)	(State)
Burial (Specify)	8-16-5	9	Smithsburg		V	Smit.	aburg.	Md.	
23 FUNERAL DIRECTOR	\$ SIGNATURE		ADDRESS		24a. REC'D	8Y REGISTRAR	24b. REGISTRA		₹E
11 1 1 1 1 m - V	To the Res	T	hurmont, Md.		DATAUG	1 9 '59		S. Kinera	

TO HOSPITAL OR ATTEN G PHYSICIAN: The low requires that the depth certificate be executed within 24 hours after leath rule 4 may be retained by the juda ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral amedian, page 3 should be detoched for use as the burial transit permit. Then please remave carbon papers. Pages I and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours—after death.

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may be retained by the trial or attending physicion.

O FUNERAL DIRECTOR: Are this certificate has been signed by the ottending physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove payens. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hay's after death.

may be retained by the TO FUNERAL DIRECTOR:

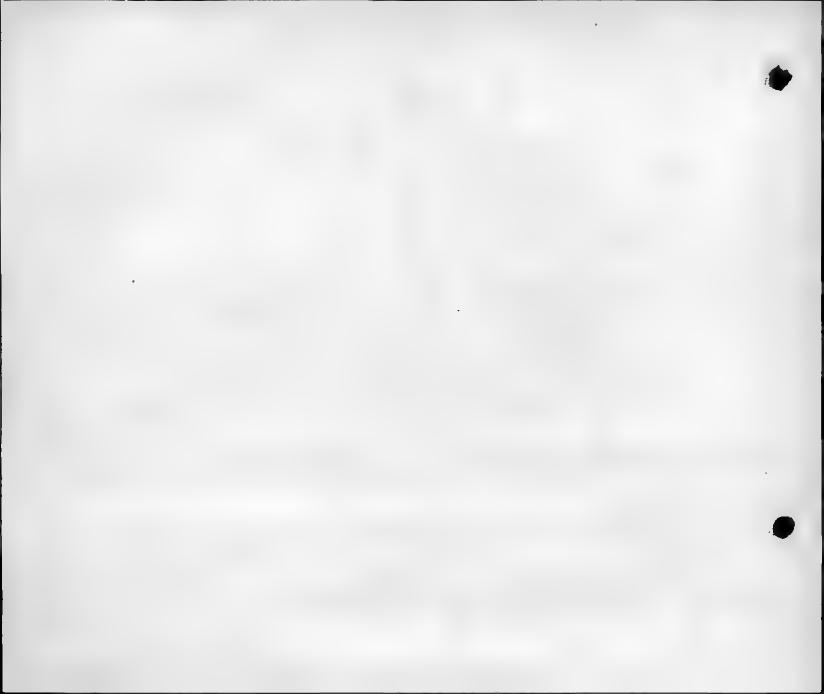
VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

9607 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

Page Diet Ma

\									
		PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (Who		Institution Residence	before odmission)		
1		WASHINGTON		WASHINGTON					
	1	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		HACERSTAWN MD	15 MINUTES	HACER TAWA					
		d. NAME OF HOSPITAL (If not in hospital, give street in		d. STREET ADDRESS	STOVIN		e. IS RESIDENCE		
1		OR INSTITUTION					ON A FAPM?		
		MASH, Co. HOSP,	TAL	133 ELN	1 St.		YES NO 🔼		
		NAME OF First DECEASED	Middle	Lost	4 DATE	Month	Day Year		
		(Type or print)	LUTHER ~	KINDAU	OF DEATH A a C .	47m - 15	1954		
	5. 9	SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9. AGE (I		EAR IF UNDER 24 HRS		
		4.4.4.	/		lost bir	thdoy) Months Do			
		MALE NHITE WIDOWE		+E3.5-18	84 75	yes (c /.	2		
	10a	USUAL OCCUPATION (Give kind of work done 106. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12 CITIZE	N OF WHAT COUNTRY?		
		f s = T let	ME CANSTRUCT	ION TRECO V	VASHICO.	MD. U	S.A.		
	13.	FATHER'S NAME	MIT CEMPTIZATI	14. MOTHER'S MAIDEN N		141 17. 1	COLAT :		
		t							
		COSEPH KINDA	LL	MAGG	₁ =	1510	IDALL		
	1S (Yas	WAS DECEASED EVER IN U. S. ARMED FORCES? (16 1. no. or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	110 E	LMI ST.			
			20-09-9164 M	T FMI MIZ	HA	IZIZSTAW/	44.0		
		18. CAUSE OF DEATH [Enter only one couse per lin			11110		INTERVAL BETWEEN		
		PART 1. DEATH WAS CAUSED BY:	O		C 11		ONSET AND DEATH		
		IMMEDIATE CAUSE (0)	- ardiov	ascular	(a)	ansc	MIN		
		√y · 1, √ DUE TO			. 1.				
		Conditions, if ony, which) (b)	Cohoun	Lu Tu	fare to	DA	E m.		
		gove rise to immediate							
		buse come last	distanti	9-1-10	nis.	P-W	CLAPT		
	z.		ALICE	2 6 171	3.4.3				
14	CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS C	ONTROUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDIT	ION GIVEN IN PART 1	PERFORMEDS		
•	3					1	YES NO		
	E	20a ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRED	Enter noture of injury in Po	ort I or Port 11 of item	18.)			
	9	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	₹	20c. TIME OF INJURY Month, Day, Year 20d, IN	NJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm,	206 (Cdu as laws)	100			
	MEDICAL	Hour o.m. While	_ Not while for	tory, street, affice bldg, etc.)	1 av. (City or town)	(Cou	nty] (State)		
	ME	p. m 19 at wari	k ot work		į .				
		21. I certify that I attended the decease	ed from Take 17	. 19 17 to Cu	117	10 SP that I lay	t saw the deceased		
		alive on 193			4 1	- 1			
		dive oil	and frat death	-			date stated abave.		
		ACTUAL 7 - X	C 4 1 1	1.0	DORESS (Street, city o		DATE SIGNED		
		HOHALITIES (NAM)	VW.	40 117 E	MMIN	ETAIN.	0/1872		
,		and the state of t		11 - 0 -		1, ,	1.0		
1		PHYSICIAN'S NAME (Type)OULS	. GKALL	MO. H	0,984	NWET	MX.		
	72°	BURIAL CREMATION 225, DATE THEREOF	22c NAME OF CEMETERY OF	C C C C C C C C C C C C C C C C C C C	228 TOCATION (City	town or country	(Class)		
	,	REMOVAL (Specify)	n		7/11/2		(Stote)		
			I KEST HAVE			3S. TONIN /	Y(D)		
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			b REGISTRAR'S SIGNA	ATURE		
		Blan W. Brit. B	AL NISBARD	M.D. DATE AU	G 2 4 '59	Cirthur & 1	Young.		



		9644	AND			TE OF DEATH		t t	Reg. Di	st. No.	09	597
Ĩ	PLACE OF DEATH o. COUNTY Was	shington		MARYL	AND	2. USUAL RESIDENCE (Who		lived, If institut b. country Frede		ice befai	re admiss	ian)
	b. CITY OR TOWN (f RURAL and give no Rural Hag		s, write	17 mont		X Rural A		ote limits, write I VILLE ,	RURAL and	give nec	irest tawn)
		Private ho	me k Ro	oddress) Ock Road		7 d STREET ADDRESS		olfsvi	lle			DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	JA	MES	Middle E		Last KLILE	4 DATE OF DEATH	Augus		Da 7		fear 19 59
	male	white	WIDOW				1875	AGE (In years last birthday)		1 YEAR Days	Hours	R 24 HRS Min.
) 10	during most of work	N (Give kind of work of ing life, even if retired)			INDUST .YM	Frederic	-			A.		OUNTRY?
13	George	Kline				14. MOTHER'S MAIDEN NA Susan		1.				
		IN U.S. ARMED FOR		social security no.		o. Ada Kline	, Ha		vn, I	ſd.	Rt.	# 2
		TH WAS CALISED BY.		ne for (a), (b), and (c).]	lus	sion					RVAL BE ET AND	DEATH
	Canditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last. Canditions if any, which gove rise to immediate couse (a), stating the under-lying cause last.							S.				
CERTIF CATION		Pulmonary S UNDERLYING D	En	physema		NOT RELATED TO THE TERMIN	_		VEN IN PAR	T 1(a) 1	PERFO	AUTOPSY RMED?
ICAL C		MEDICAL EXAMINER) Manth, Day, Yea	r 20d. II	NJURY OCCURRED 2		CE OF INJURY (Home, form,		or town)	(Caunty)		(State)

a. m. Not while at wark at wark

9-27

1959, that I last saw the deceased

21. I certify that I attended the deceased fram,

and that death accurred at : 1 PM, from the causes and an the date stated abave.

ADDRESS (Street, city or town, state)

DATE SIGNED Charles F. Hess

Smithsburg

PHYSICIAN'S NAME (Type)

ACTUAL SIGNATURE

BUR AL, CREMATION, 22b REMOVAL (Specific) BUTLAL J1 DATE THEREOF

22c NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

St. Mark's Lutheran Wolfsville, Fred. Co. Md.

24b REGISTRAR'S SIGNATURE

23 FUNERAL DIRECTOR'S SIGNATURE SHELL ADDRESS Mversville Md

24g. REC'D BY REGISTRAR DATE AUG 1 3 '59

Citting & House

may be retained by the plated or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death afterdean permit. Then please remave carban in any event within 72 haurs afterda removal, and the registrar priar to burial, cremation, ar

Vs A1s (4) TSM 9/SB



CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND WASHINGTON WASH INGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERS TOWN YRS. HAGERSTOWN should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE WASHINGTON COUNTY HOSPITAL ON A FARM? 440 GEORGE ST. YES NO X NAME OF First Middle 4. DATE Dov Year DECEASED OF DEATH WILLIAM SHERMAN KLINE AUGUST (Type or print) 16 59 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years lost bighteloy) MALE Months Dovi Hours 7/4/1908 WIDOWED IX DIVORCED | popers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) RETTRED PAINTER PAINTING WEST VIRGINIA U_S.A. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LUKE C. KLINE ANNIE M. BOWERS **Hove** hours 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes. Phonosono) 220-10-3283 MRS. MINNIE CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Ë Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.1 MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour g. m Not while at work of work 111/13 110 0300 21. I certify that I attended the deceased from _...that I last saw the deceased and that death accurred at 1600 M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) de DATE SIGNED RAL DIRECT Should be SIGNATURE PHYSICIAN'S NAME (Type) FUNER/ 220. BURIAL, CREMATION, ROSE HILL CEM. 22d LOCATION (City lown, or county)
HAGERSTOWN (Stote) 8/18/59 MD. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 1 9 '59 Cirthur & Throws

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

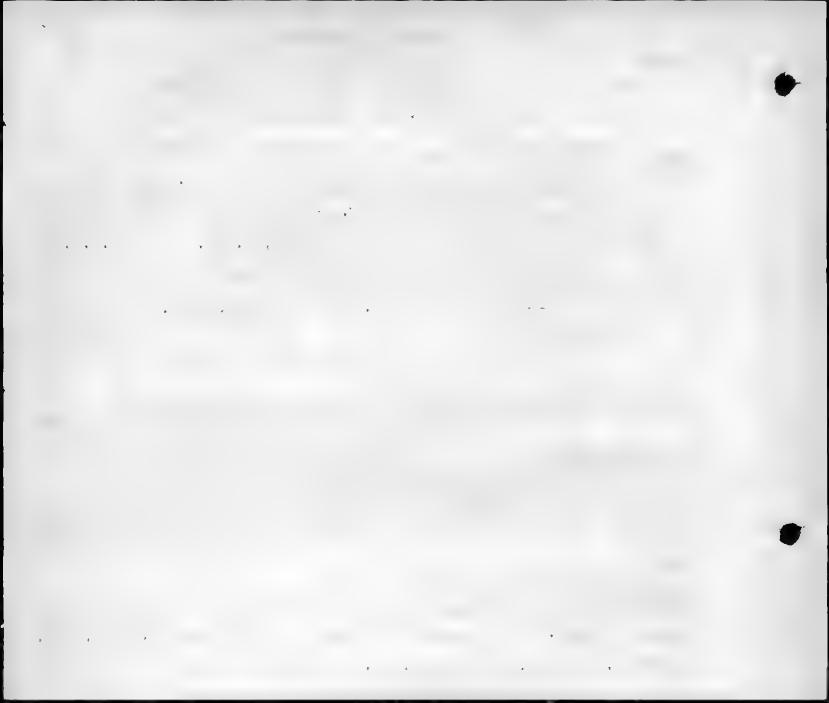




MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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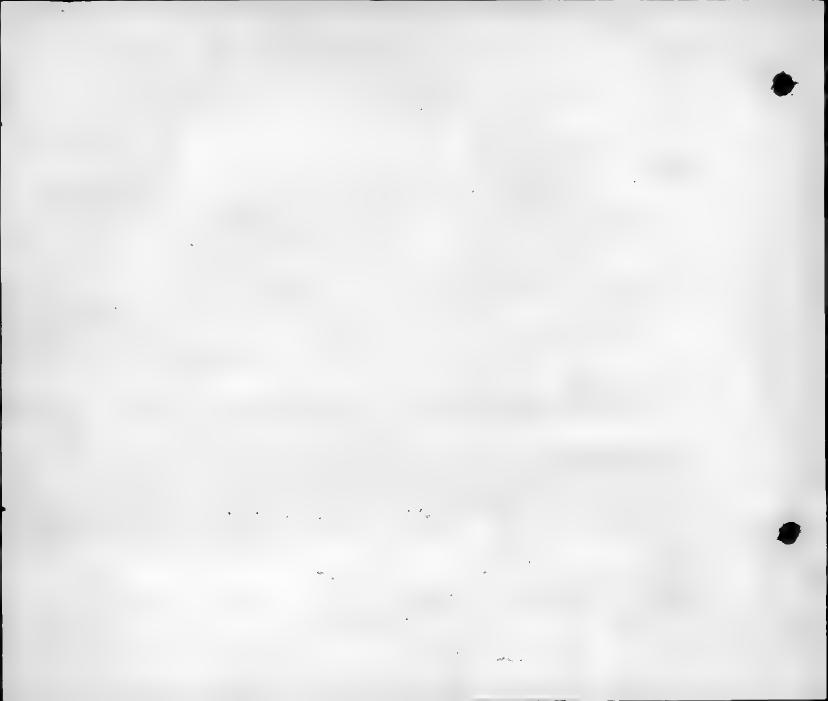
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1		CERTIFICATE OF L	JEMIN .	Reg. Dist, No.
20	1. PLACE OF DEATH o. COUNTY	II o STATE	DENCE Dyhere deceased lived. If instit b, COUN	
1)	washing ton	MARYLAND	Tenna	1 rawslin
	RURAL and give nearest lawn)	TH OF STAY IN 16 C. CITY OR 1	TOWN (If outside corporate limits, write	RURAL and give nearest fown)
	d. NAME OF HOSPITAL (If not in hosp tot, give street oddress) OR INSTITUTION	d. STREET A	DORESS COPERAGE	IS RESIDENCE
	MASHINATON Co. HOSDI	tal	Route#3	ON A FARM?
	3 NAME OF PICEASED First	Middle Las	4. DATE N	Month Day Year
	(Type or print) Geblac 19	yenoud Lesh	CF DEATH HUGE	1st 21 1959
		DIVORCED R. DATE OF BIRTI	loss britindoy	Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF		ACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	PIFCHALT Fortich	Il Anchalt Fre	Wella Co Tepho	2 1151
	13. FATHER'S NAME	14 MOTHER'S	MAIDEN NAME	
	Benjamin F. Lesi	her El		21-5
F)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	ECURITY NO. 17 INFORMANT	1 041 8 6 "	ddress A P
	18. CAUSE OF DEATH [Enter only one cause per line for (g),	(b), and (c)-] a c	The second second	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY:	water herry	Lisease O	ONSET AND DEATH
	416X DUE TO			
	Canditions, if any, which gove rise to immediate (b)			
	cause (a), stating the <u>under-</u> lying cause lost			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
7	Į.			YES NO X
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO' OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED (Enter nature o	of injury in Port I or Part II of item 18)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC	CURRED 20e PLACE OF INJURY ((Home, form, 20f (City or town)	(County) (State)
		while factory, street, office ork	e bldg., etc.)	
	21. I certify that I attended the deceased from	1939	9. 10. 8/21/59.19	,that I last saw the deceased
	alive on 1/2/59, 12,	and that death occurred by		s and an the date stated above
	ACTUAL MAN BOOK		ADDRESS (Street, city or tow	vn. stole) DATE SIGNED
	SIGNATURE DA STORE	M.D	- 4-0	014757
1	PHYSICIAN'S NAME (Type)	icv T	anno de	16
		ME OF CEMETERY OF CREMATORY	22d JOCATION (City, town	or county) (State)
	Burley 3/27/1737 Co	ORESS - O	OFFICE ST	M. FHOWKIIII CO. ICHNI GISTRAN'S SIGNATURE
	Blowle to Zlumenon &	revicently Va		Allun S. Huma
	1			The second secon

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4 V5 A15 (4) 15M 9/55



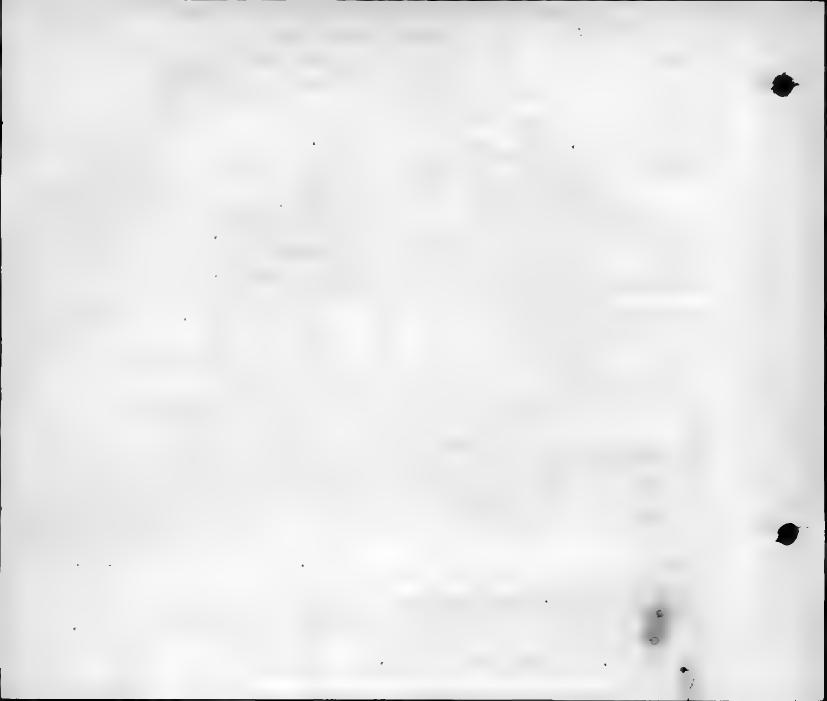
09602 9610 **CERTIFICATE OF DEATH** 302 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY Washington MARYLAND ashington Marvland c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give nearest town) 4 Mos Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 34 W. Washington St Jackson Conv. Home YES 📋 NO NAME OF Middle 4. DATE Year DECEASED THOUTS August ROUSKULP (Type or print) GRACE 19 P. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HPS. SEX 6. COLOR OR RACE 7. MARRIED KONIEVER MARRIED B. DATE OF BIRTH Sol birthdoy) Hours White DIVORCED | Female WIDOWED [MQ12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Housewife Hagerstown Wash. Co Own Home USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Saml Edw Rouskulp Sarah Ellen Brill 17. INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Mrs Helen Murray 320 So Mulberry St None hagers town ha. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 443 X **DUE TO** per trusion - as terroscherotic heart dioses elurantaine Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19 WAS AUTOPSY PERFORMED? mrs11/tur - 21 AE2 | NO | 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form. 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year (Stole) (County) factory, street, affice bldg., etc.) Hour a m Not white of work at work 6 27, 19 42, 10 💹 🕘 , 19 🛂 ,that I last sow the deceosed 21. I certify that I attended the deceased from.__ __, and that death occurred at Siasam, from the causes and on the date stated above. may be retained by the FUNERAL DIRECTOR page 3 shauld be deta ADDRESS (Street, city or town, state) 134 W. Vas. ington, Mar rstown, Md. 3/5/59 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) John H. Hornbaker 220. BURIAN CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Hagerstown Wash Co Md. Rose Hill Cemetery 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Cuthing S. Harra VS A15 (4) 15M 9/55 andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

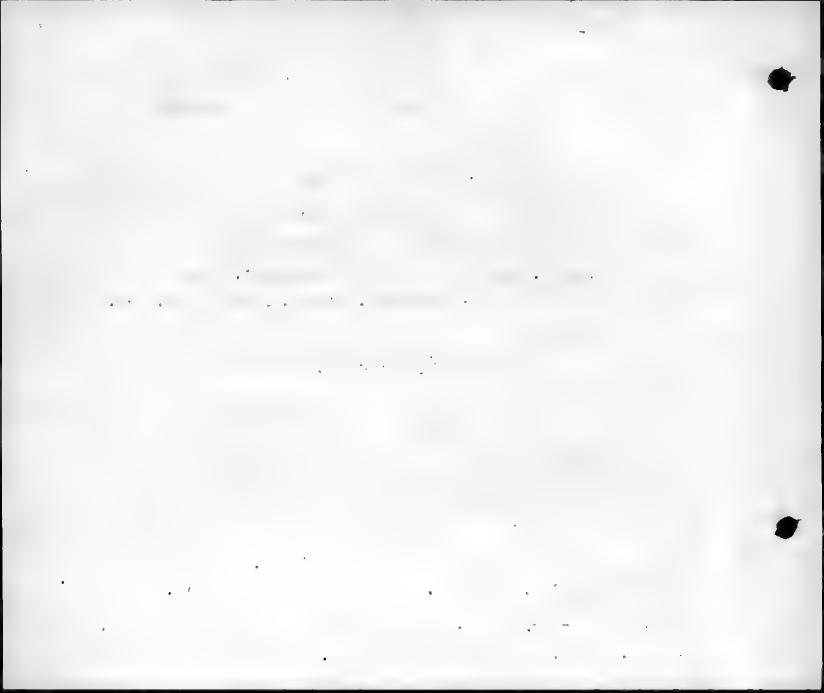
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1					CERTIF	ICATI	OF DEAT	H		Reg. Dist. N	Ď.	
/	1. I	PLACE OF DEATH	ington		MARYL	AND 2.	USUAL RESIDENCE (W	there deceased	lived. If institution b COUNTY	. Residence bel Washi		
	ŀ	CITY OR TOWN (IF	autside carporate limi	ils, write	c LENGTH OF STAY II	V Ib	CITY OR TOWN (IF	autside corpora	ite limits, write RUI	RAL and give n	earest low	n)
		Rural	Hagersto		16 year	s X	Rural	Ha	gerstown	n		
	L'	d, NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	give street	address)	/	d. street address Rout	te 1				FARM?
		NAME OF DECEASED	Fir	rsit	Middle		Lost	4. DATE	Month		loy	Year
			ilber		Holland		Lewis	DEATH	August	1.0		19 59
	5 5			1	HED NEVER MARRIED	_	ATE OF BIRTH	9	lost birthday)	FUNDER I YEA Months Days		ER 24 HRS Min
	10-	Male	White	WIDOWI		II. C		387	72ya.	In CITIZENI	NE 14/14 A T /	COLINITAVA
				dane 10b.	KIND OF BUSINESS OR	INDUSTRY	TI. BIKI HPLACE (STOR	e ar tareign cou	intry)	12. CITIZEN	OF WHAT	COUNIKT?
1		Farm O	wner		Farming	14	Samples . MOTHER'S MAIDEN	NAME	Md			
		To	mom o T	Lowel				le V.	Wan Isa			
_		WAS DECEASED EVER	POME TO		SOCIAL SECURITY NO	INFO	RMANT	Le v.	Addres	15		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	', K.D.I	s, no, or unknown) (If yes, give war or dates of s	arvice) 2	19-14-868	Mrs.	Anna B.	Lewis	Hag.	Rt.	1	
		18. CAUSE OF DEA	TH [Enter anly one co	ouse per lin	ne far (a), (b), and (c).]				1	IN	TERVAL BI	ETWEEN
		PART I. DEAT	H WAS CAUSED BY-	1)						Or	ISET AND	DEATH
		me wat	DUE TO		¬» / ·	ange .	/ 0	1			and the same of th	
		Canditions, if on			ardro	///	zenler	- ola	zoone	(3 Z	come
		gave rise to immediate couse (a), stating the under.										
	7	lying cause last.) (c									
)	CERTIFICATION	PART IC OTH	ER SIGNIFICANT CON	IDITIONS_C	CONTRIBUTING TO DEAT	IH BUT NOT	RELATED TO THE TERM	AINAL DISEASE	COND TION GIVE	N IN PART 1(0)	PERFO	DRMED?
		206. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S JNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	206 DES	CRIBE HOW INJURY OC	CURRED (E	iter nature of injury in	Part I or Fart	lt af stem 18)			
	MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye			Oe. PLACE	OF INJURY (Home, far street, affice bldg., et	m, 20f (City o	or town)	(Count	1)	(Stote)
	MEC	p. m.	19	While of war	Not while							
		21. I certify the	at lattended the	deceas	ed fram	1-3	9. 19, ta_C	11/10	19581	nat I last so	w the d	deceased
		alive an	7-5	2, 12	, and that o	death ac	curred at 7/0 /	_M, fram ti	he causes and	an the da	te state	d abave.
			1 50	10.	X			ADDRESS (Sire	eel, city ar town, st	ate)	DA	TE SIGNED
		ACTUAL SIGNATURE	1.601	94	002	M.D	215	W. Wa:	shington	n St		کے
1		PHYSICIAN'S NAME (Type)	Edward W.	Dit	to Jr.		Hage	erstow	n Md.		1/1	139
	220	BURIAL CREMATION	8-13-5		22c. NAME OF CEMET Mt. View				ON (City, town, or rpsburg	county)	(Sto	te)
	23	FUNERAL DIRECTOR'S			ADDRESS		24a. REC	'D BY REGISTR	AR 24b. REGIST	RAR'S SIGNAT		
	S	cott F. h	Minnich &	Sor	1 Hagerst	Own	Md . DATE	AUG 1 4 '5	DA QV	thur S. A	Laint.	

TO HOSPITAL OR ATTENDISCIAN: The law requires that the death certificate be executed within 24 haurs after death may be retained by the putal ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera Cree page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be filled the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item

9611

CERTIFICATE OF DEATH

09604

	Keg. Dist. No.
n STATE	Residence before admission)
Maryland Wa	ashington
to c. CITY OR TOWN (If outside corporate limits, write RUR	At and give nearest tawn)
Magerstewn, Maryland	
d STREET ADDRESS	IS RESIDENCE ON A FARM?
410 Sumans Ave	YES NO
Lost 4. DATE Month OF DEATH AME	Day Year 14 19 59
	FUNDER 1 YEAR IF UNDER 24 HRS.
Mar 20 1888 71 76	Manths Doys Haurs Min,
NDUSTRY 11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Zenda, Va.	USA.
14 MOTHER'S MAIDEN NAME	
Unknew	
7. INFORMANT Addres	4
Mrs. Ella Mack 410 Suma:	ns Ave
	INTERVAL BETWEEN ONSET AND DEATH
s primary in Stomach.	Months.
BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	
rdiovascular Disease.	PERFORMED? YES NO
JRRED (Enter nature of injury in Part I at Part II of Item 18.)	
PLACE OF INJURY (Home, form, 201 (City or town)	(County) (State)
factory, street, affice bldg., etc.)	
22. 59 August 1459	
1.40D	that I last saw the deceased
· · · · · · · · · · · · · · · · · · ·	
MD. III N. TOCOMAC DOTEE	(C 0-T1-00
Hagerstown, Maryland	
RY OR CREMATORY 22d. LOCATION (City, town, or	county) (State)
Cemetery Ragerstewn,	Maryland,
24a. REC'D BY REGISTRAR 24b REGISTI	RAR'S SIGNATURE
Mod. DATEAUG 1 9 59 Com	ug S. Tirales
	2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE b. COUNTY

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be relained by if spital ar attending physician.

TO FUNERAL DIRECTOR When this certificate has been signed by the attending physician and campletely filled in by the funer page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death.

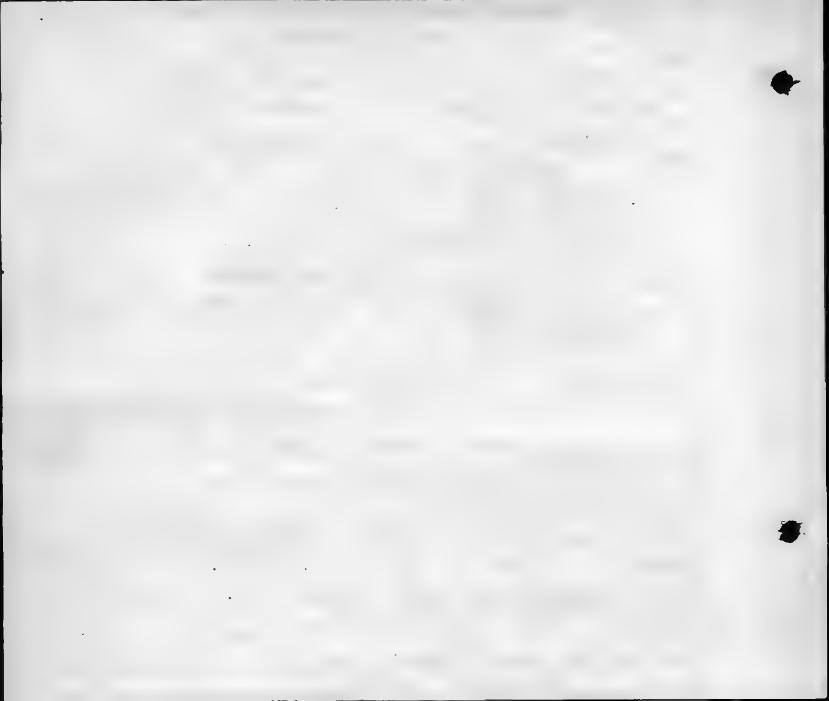
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VS A15 (4) 15M 9/55



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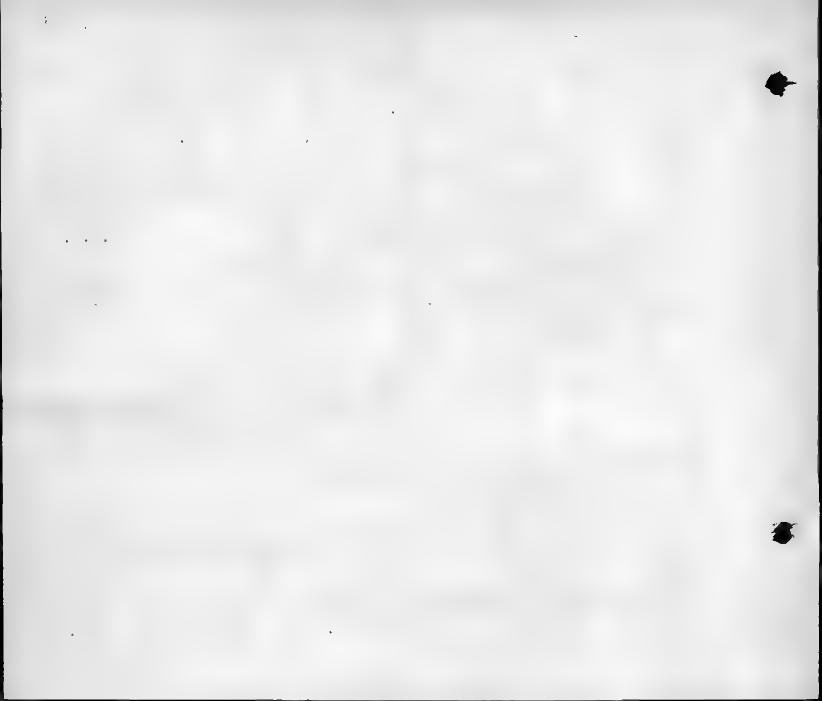


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09608 9613 CERTIFICATE OF DEATH Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) of STATE MARYLAND b. COUNTY WASHINGTON o. COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) HAGERSTOWN 60YRS. HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE WASHINGTON COUNTY HOSPITAL S. MULBERRY ST. YES NO NAME OF DECEASED First Middle 4. DATE Month Year (Type or print) HTRAM MAUROCE McKINSEY DEATH AUGUST 19 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 67 yrs. Months MALE Doys WIDOWED IT 5/9/1892 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired)
MOULDER SAND BLAST MACHINE CORP. MARYLAND U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME HIRAM McKINSEY NETTIE WARBLE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre HAGE MISS LOUISE McKINSEY 214-09-6047 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while at work at work 20 aux 1957 that I last saw the deceased 21. I certify that I attended the deceased from 20 server, 195%, ta alive on 20 aug , and that death occurred at 2A ADDRESS (Street, city or lown, state) DATE SIGNED **ACTUAL**SIGNATURE POTOMAC AVENUE 21 August 1959 PHYSICIAN'S NAME (Type) RICHARD BINFORD. HAGERSTOWN, MARYLAND 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) SMITHSBURG SMITHSBURG 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE DATE AUG 2 4 '59 arthur & Huns

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CERTIFICATE OF DEATH

Ш	2014				Keg. Dist.	No. OOD	
1,	PLACE OF DEATH		2. USUAL RESIDENCE (WI			pefore admission)	
П	"ashington	MARYLAND	Maryland Washington				
	b. CITY OR TOWN (If outside corporate limits, we	ile c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	RURAL ond give nearest town	2 Weeks	Hagerstown				
Г	d. NAME OF HOSPITAL (If not in hospital, give si	reet oddress)	, d. STREET ADDRESS			. IS RESIDENCE ON A FARM?	
	Wash County Hospi	tal	/ 537 Wes	t Church	St	YES NO TO	
3.	NAME OF First DECEASED (Type or print) HELEN	Middle REBECCA Mc	NAMEE	4. DATE OF DEATH ALL	Month	Day Year 1959 19	
5.	SEX 6. COLOR OR RACE 7	· · · · · · · · · · · · · · · · · · ·	B. DATE OF BIRTH	9. AGE (In	MOOTE IF UNDER 1 Y	EAR IF UNDER 24 HRS	
L			July 16 189		yrs, Months Da	ys Hours Min	
10	o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slote	or foreign country)		N OF WHAT COUNTRY	
	Housewife	Own Home	Hagersto	wn Wash C	o Md	USA	
13	, FATHER'S NAME		14 MOTHER'S MAIDEN N				
	Harry G. Nail		Betty	E. Golden			
15	WAS DECEASED EVER IN U. S. ARMED FORCES?	Unable to Locate	Mrs Mildred	Benchoff	Cascade	Md.	
	18. CAUSE OF DEATH (Enter only one couse p	per line for (a), (b), and (c).]	^			INTERVAL BETWEEN	
	PART I DEATH WAS CAUSED BY:	Cerebral.	Herain lie	1 cu		2 6	
L	DUE TO		1				
L	Conditions, if any, which) (b)	5'outel	anterio.	acloran		100000	
	gave rise to immediate (DUETO			/		U	
ı	Lying cause lost (c)	Carliac	decompe	no tedas			
Z	PART II. OTHER SIGNIFICANT CONDITION	MS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED?	
TA D	Cssen	tial lugy.	esteurion	C1		YES NO -	
CERTIFICATION	206 ACCIDENT WAS UNDERLYING (206). OR CONTRIBUTING (206). (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF ORRE	D, (Enter nature of injury in	Port I or Port II of item 1	18)		
3	20c. TIME OF INJURY Month, Day, Year 2	0d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City or town)	(Cou	ntyj (Stole)	
MEDICAL	Heur a.m. p.m. 19	/hile Not while 701 I work at work	ctory, street, effice bldg., etc				
	21. I certify that I attended the dec	eased fram. Aus 6	, 1959, ta	7ax 21 1	9.5.7.that I las	t saw the deceased	
	alive an Rus 20.		accurred at & 45	M, from the cau	ises and an the	date stated above	
	58 0	0 4/	[4	ADDRESS (Street, city or	town, stole)	DATE SIGNED	
	SIGNATURE Chuand (1)	. HINO III	м.в. <u>212W</u>	. Washin	Yan SP	5/21/5	
	PHYSICIAN'S FOWARD (Type)	v.Dittom	Hoge	us town	144		
2	PENOVAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O		22d LOCATION (City.		(Stote)	
E	Buffet (Specify) 8/23/59	Rest Haven	Cemetery	Hagersto	wn Wash	Co Md.	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			. REGISTRAR'S SIGNA	ATURE	
	Andrew K. Coffman H	Hagerstown Md.	DATE AL	JG 2 5 '59	Cirching & #	Town a	

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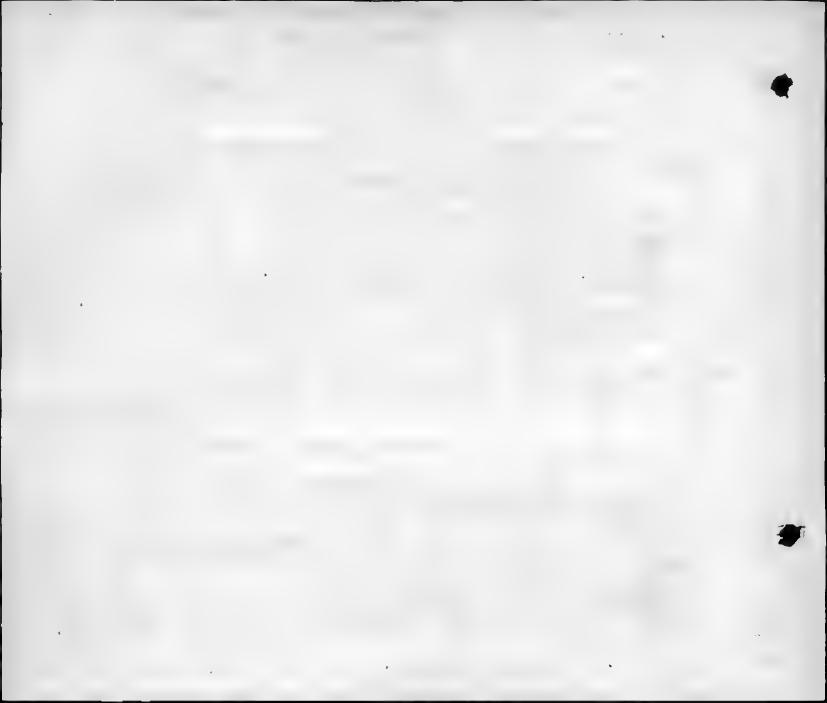
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TO HOSPITAL OR ATTIMITIES PHYSICIAN: The low requires that the death certificate be executed within 24 hours arrer dearn, rage a may be retained by the pital or attending physician.

TO FUNERAL DIRECTO

In this certificate has been signed by the attending physician and completely filled to by the funerance of page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be riled with the registrar prior to burial, cremation, ar remaral, and in any event within 72 hours after death.

VS A15 (4) 15M 9/S5



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09608 9615 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY MARYLAND 6. COUNTY WASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) HAGERSTOWN HAGERSTOWN YRS. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE WASHINGTON COUNTY HOSPITAL 126 RANDOLPH AVE. YES NO IN NAME OF DECEASED Middle 4. DATE Month OF WILLIAM JOHN AUGUST (Type or print) 19 5. SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days MALE WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
RETIRED FARMER MARYLAND U.S.A. OWN FARM 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ANDREW J. MILLS FANNIE POFFENBERGER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT ASSEAGERSTO IN (Yas, no. offinnewn) MRS. MARY T. MILLS MD. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f (City or town) 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc. Hour a.m. While Not while at work at work that I attended the deceased in that I last saw the deceased alive of from the causes and on the date stated above. ADDRESS (Street, city or town, state) FUNERAL DIRECTOR 3 should be de ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BLRIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown, or county) (Stole) MONTH (POPPIN) VIEW CEM. SHARPSBURG MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR arthur & Kines DATE AUG 11 '59

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INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED?

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12. CITIZEN OF WHAT COUNTRY?

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PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY WASH. WASHINGTON MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) BIG SPRING HAGERSTOWN WEEKS d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION SPRING JACKSON RURAL BIG NURSING NAME OF First Middle Lost 4. DATE Month DECEASED OF 8 CARRIE MURRAY DEATH (Type or print) E. IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthdoy) WHITE Months FEMALE WIDOWED F DIVORCED 10g USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY LTL. BIRTHPLACE (State or foreign country) HOUSEWIFE OHN HOME MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES SHOEMAKER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address BIG SPRING, MD. CHARLES NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PARK II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 0 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, Doy, Year 20d INJURY OCCURRED 20f (City or town) factory, street, office bldg., etc. p. m. While Not while of work of work 21. I certify l attended the deceased from 1922, that I last sow the deceased alive on occurred at ond M, from the causes and on the date stated above.

220. BUR, AL CREMATION. 22d. LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY STONE HANCOCK, MD.

23. FUNERAL DIRECTOR'S SIGNATURE

ACTUAL SIGNATURE

ADDRESS

24a, REC'D BY REGISTRAR AUG 1 3 '59 24b. REGISTRAR'S SIGNATURE Colleg S. Kraus

CLARK

CLEAR SPRING, MD.



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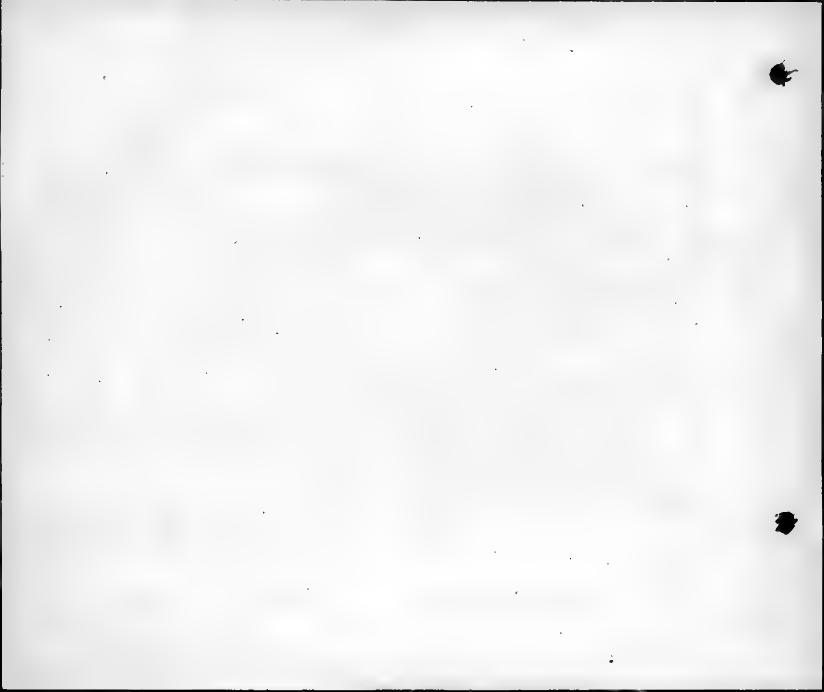
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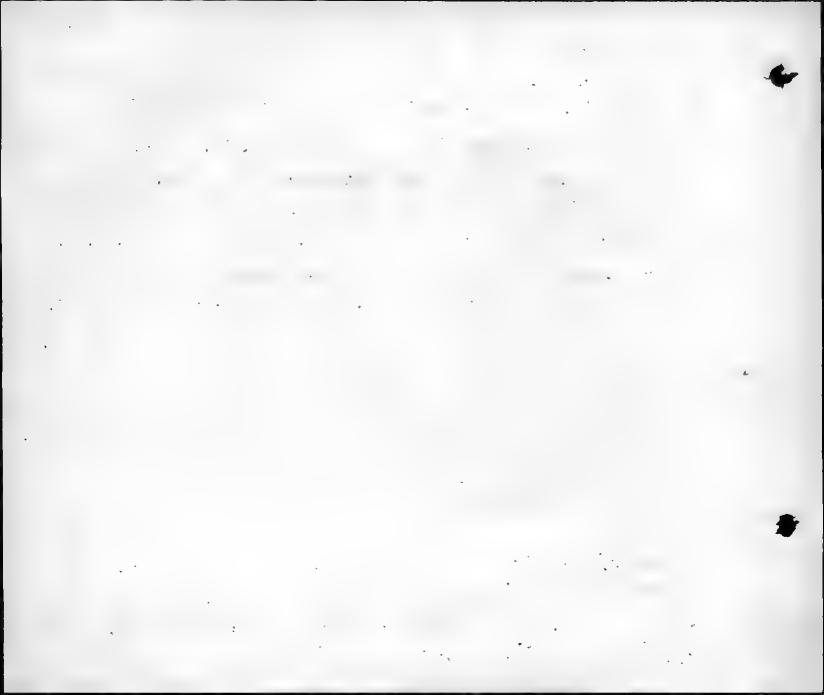


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and completely filled in by the fulleral direction papers. Pages I and 2 should be filled

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phypician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phypoge 3 should be detached for use as the burial-transit permit. Then please remo	the registrar priar to burial, cremation, ar remaval, and in any event within 72 ha	-
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physic has bee rial-tra	naval,	
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ERAL (Stand)	jistror	
may be retained by the propinal ar attending physician. O FUNERAL DIRECTER: Arter this certificate has been signinged 3 should be detached for use as the burial-transit if	the reg	
A15 (4)		
M 9/58		F

3010				Keg. Dist.	. NO.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived.	f institution. Residence	before admission)
Washington	MARYLAND	o. STATE Maryla	and b	COUNTY Washi	ngton
b CITY OR TOWN (If outside corporate limits, write RURAL and give neares hown)	c. LENGTH OF STAY IN 16	E CITY OR TOWN (IF o	utside corparate limit	s, write RURAL and giv	re nearest town)
Hagerstown Md.	4 wks 3 day	s x Williams	sport "d	KED #I	
d. NAME OF HOSPITAL (If not in hospital, give street of	oddress)	d. STREET ADDRESS			e. IS RESIDENCE
Washington County Hos	pital	Williamsp	ort Md.	RF# #1	YES NO
3. NAME OF First DECEASED	Middle	last	4. DATE OF	Manth	Day Year
(Type or print) Lizzie	Minerva	Nonemaker	D.F.A.Tal	Aug. 5	1959
		B DATE OF BIRTH	9. AGE	(In years IF UNDER)	YEAR IF UNDER 24 HE
Female White WIDOWE	DIVORCED	June 18 188	1 78	rthday) Magths D	Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. I					EN OF WHAT COUNTR
Housewife	Home	Pa.		υ.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Henry Stoner		Emma Mi	ller		
IVer an article and the second		NFORMANT		Address	
.No No N	one Mr	s. Florence	Hosfeld	Downsvi	lle Md.
18. CAUSE OF DEATH [Enter only one couse per lin	g_for-(p), (b), and (c).]	1.	4		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Pheumor	nitis			ONSET AND DEATH
492 X DUE TO			<u> </u>		
Conditions if one which \	-				
gove rise to immediate					-
lying cause last. (c)					
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NALD SEASE COND	TION GIVEN IN PART I	I(a) 19 WAS ALTOPS
JIA J	Ivemia				PERFORMED?
200 ACCIDENT WAS UNDERLYING 1 206 DESC	RIBE HOTH INJURY OCCURRE	D (Enter nature of injury in I	Port I or Port II of ite	m 18 }	100 [] 1107
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Mombs, Day, Year Haur a. m., 19 While of work				•	
20c. TIME OF INJURY Month, Day, Year 20d, IN		ACE OF NIURY (Home, form	, 20f (City or tawn)	(Co	unty) (Slot
Haur a.m. While at work	1401 441146	cidry, sireer, diffice blog , etc.		-	
21. I certify that I attended the decease	ed from Qua	1 19 59 to 6	Tuo 5	19_59that I last	saw the decease
' /	9_, and that death			uses and an the	
	, did illa dedili		ADDRESS (Street, city		DATE SIGN
ACTUAL MENDEN	10.17	28 4	11 27	6	01/12
SIGNATURE	7001	M.D	10-0	mac_	0.1.50/-0-
PHYSICIAN'S ME BUR	KiT	Will.	IAMSPO	RTMd	/
220. BUR AL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY O		22d LOCATION (CIT		(Stote)
Burial Aug. 8-59	Mennanite C	emetery	Clearsp	ring Md.	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I		46. REGISTRAR'S SIGN	NATURE
Cellande Buller	Mid Com	DATE AND	G 7 '59	Orthun S. 1	Kenera



VS. A15ME(5) 5M 9/55

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REMOVAL (Specify)

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

240 REC'D BY REGISTRAR

Little

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24b. REGISTRAR'S SIGNATURE Cirthur & France

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(State)

(State)



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CERTIFICATE OF DEATH

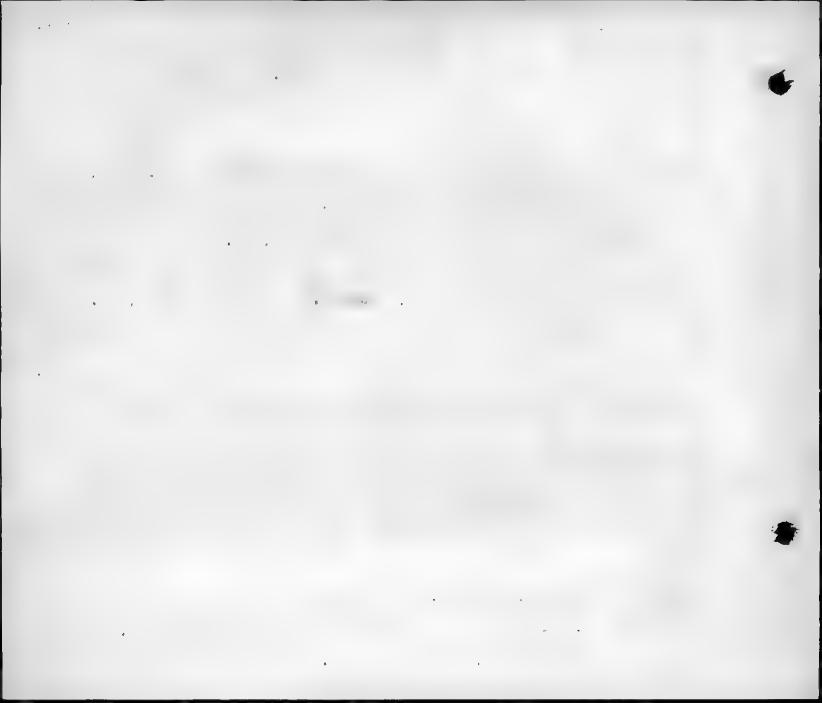
		1013		CERTH	ICAI		EAIR			Reg. Di	st. No.			
1.	PLACE OF DEATH	Washing		MARYL	AND	a. STATE	Md.		d lived. If institution b. COUNTY	Wa	shi	igto	n	
	Hagers	stown		3 days	N 16		own (III a . ths b		rote limits, write RI	URAL and	give nea	rest fown)	
	OK INSTITUTION	TAL (If not in hospital, givington Coun			/	d STREET AI	DDRESS						DENCE FARM? NO	
3.	NAME OF DECEASED (Type or print)	Ja cob		Middle		ryor		4. DATE OF DEATH	Mon A u	g.	24	3 1	9 59	
	male		MIDOWE	D DIVORCED	□ Me	ATE OF BIRTH	1887		9. AGE (In years lost birthday) 72 yrs	Manths	I YEAR Days	Hours Hours	R 24 HRS. Min.	
10	during most of wor	ON (Give kind of work do king life, even if retired)	10b. 1	ailroad	INDUSTRY	FOXV	ille	r foreign co	ountry)	12 CI	IZEN O	F WHAT	COUNTRY	
13	FATHER'S NAME				14	. MOTHER'S								
	Ţ	Jpton Pryo	r					Min	erva Bea	arsn	ide	r		
75	. WAS DECEASEDEVE	ER IN U. S. ARMED FORCE (II yes, give war or doles of serv		OCIAL SECURITY NO 05-10-530			iPry	or,	Smiths b		Md.	•		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLOUR CO											ONSET AND DEATH		
	Canditians, if a	mmediate (7000001	lsed	artar	1000	loror	no de prop nom had		The series			
	lying couse lost.	(c)_												
CERTIFICATION		HER SIGNIFICANT CONDI								EN IN PAR	T 1(o) 15	PERFO	NO D	
		MEDICAL EXAMINER)	0b. DESC	RIBE HOW INJURY OC	CURRED (E	nter nature of	injury in P	ort I or Port	II of item 18.)					
MEDICAL	20c. TIME OF INJUR Have o.m. p.m.	RY Month, Doy, Year 19	While	JURY OCCURRED Not while of work	factory.	OF INJURY III street, office	lome, farm, bldg., etc.)	20f. (City	or town)	(1	County)		(State)	
	21. I certify th	nat I attended the a	lecease	d from	_55	_, 19	to	2-127	1-52 19	that I	laction	w that	doceare	
ı	alive on			, and that a		ourred at	7:00	M from	the course of	ad on t	ha dai	e dele	d abaus	
		0 / *		•	300111 00	.01100 01_2			reel, city or lawn,		ile uu		TE SIGNED	
ı	ACTUAL SIGNATURE	larles In.	1/4	ans	M.D.		4 4 1	111					^	
L	PHYSICIAN'S NAME (Type)	Chalman F	II.							*****	willer auch allier willed willen der	- 40		
27	O. BURIAL, CREMATIC	ON, 226. DATE THEREOF		22c NAME OF CEMET	ERY OR CR	EMATORY	T	22d. LOCAT	ION (City town, a	r county)		(State)	
	REMOVAL (Specify)	8-27-59		Smithsbu	rg Ce	emeter	У	Smi	thsburg	. Md	•			
4	FUNERAL DIRECTOR			ADDRESS			24a. REC'D	BY REGIST	RAR 245, REGIS		*	E		
	Scott F.	Minnich &	Son	n, Smiths	burg,	Md.	DATE A	UG 28	59		0 1-			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be retained by the spital or attending physician.

TO FUNERAL DIRECTOR when this certificate has been signed by the attending physician and campletely filled in by the functionage 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be should be detached for use as the burial-transit permit.

Page

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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J	000	CE	RTIFICA	TE OF DEA	TH		Reg. Dist. No	ð.
1 PLACE OF DEATH	(2 USUAL RESIDENCE o. STATE	(Where deceased live	ed If institution	n. Residence befo	are adm ssion)
W.	45 HINGTON	1	MARYLAND	MARKL	AND		HINGTO	M
b CITY OR TOW RURAL and give	N (if outside corporate lim e nearest town)	its, write c. LENGTH OF	STAY IN 16	C. CITY OR TOWN	(If autside corporate	limits, write RU	RAL and give ne	earest town)
MILHIZ T	ELLIN IS STOW	N R ISYEA	RS_	NEAR T	LUNK STO	WN	RURA	_
NAME OF HO	SPITAL (If not in haspital, it	give street address)		d STREET ADDRES	S			e. IS RESIDENCE ON A FARM?
	ERSTOWN	MD. R 3	5	HAGER	STOWN	MD.	R:3	YES NO
NAME OF DECEASED	Fi	rst N	Middle	Last	4. DATE OF	Month	h Dr	lay Yeur
(Type or print)	MARY	E		REESE		4G-05T -	17~	1959
SEX	6 COLOR OR RACE	7. MARRIED T NEVER N	MARRIED E	DATE OF BIRTH	9 A	GE (In years	IF UNDER TYEAR	R IF UNDER 24 HRS
TEMALE	WHITE	WIDOWED DIV	ORCED 🔲	SEPT. 8 - 1	881 "	77 yrs	Months Days	Hours Min
Do USUAL OCCUP	ATION (Give kind of work	done 10b KIND OF BUSIN	ESS OR INDUS		tate or foreign countr	γ)	12 CITIZEN	OF WHAT COUNTRY
House	working life, even if retired		HONE	WASHIN	Carani Ca.	ALL MIT		
FATHER'S NAME		0 13/3	110111	14. MOTHER'S MAID		rak WD	21 - 412	129
_	Januar S.D.	~ C C A 17 A		000	pm40 =	- 17 · ·		
	EVER IN U. S. ARMED BOI	ESSAIRD RCES7 16, SOCIAL SECURIT	Y NO. 17. IN	IFORMANT	PTHA]	Addre		
Yes, no. or unknown]	(If yes, give war or dates of	NONE	hi	DODE IN	Perce			
TIR CAUSE OF	DEATH Feder only one o	ouse per line for (a), (b), an	d (d.)	BERT W.	KEESE	THE	135 TUVYI	TERVAL BETWEEN
	DEATH WAS CAUSED BY:	, , , , , ,	o (ci.]				ON	ISET AND DEATH
1 , 3	IMMEDIATE CAUSE (d							
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couse (a), slat	ing the under: DUE TO	ı						
lying cause lo								
PART II.	DIREK SIGNIFICANT CON	IDITIONS CONTRIBUTING T	U DEATH BUT I	NOT KETATED TO THE II	RMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)	PERFORMED?
50 1551051-		last assessment the state of th						YES NO 🖯
200 ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	206: DESCRIBE HOW INJU	JRY OCCURRED	(Enter nature at injur)	in Part Lar Part II a	filem 18)		
		L.,	•					
20c. TIME OF IN Hour o.	m,	ar 20d INJURY OCCURRED [While Not while	D 20e. PLA	CE OF INJURY (Home, ary, street, affice bldg.,	form, 20f (City or to etc.)	owu)	(County)) (Stote)
p.	m, 19	of work of work]					
21. I certify	that, I attended the	deceased fram	-1-0	52, 19, ta_	D-17	1958	that I last s	aw the deceased
alive on	K-16-39	1		occurred at 2 15	M from th	e contet or	nd on the do	ate stated above
	10			_ /	Z	afty or town at		DATE SIGNE
ACTUAL SIGNATURE	M. Mil	Dillo	41	In Off	- Lundo	77.70	Bel	8/101
_ ′	5			W. J. W.	- Accient		/	1/1/2
NAME (Type)	XIRELL	4/277	9				/	1 /-/
lo. BURIAL, CREMA	TION, 226. DATE THEREO	F 22r NAME OF	CEMETERY OR	CREMATORY	22d. LOCATION	ICiby James an		(6)
REMOVAL (Spec		1000 00	2				• • • • • • • • • • • • • • • • • • • •	(State)
FUNERAL DIRECT	OPS SIGNATURES	ADDRESS	ER CK	ERK CEME	PAY DEAVE		IZIC VVI AS	SHI COINID
1	Y1 /2 .				AUG 2 4 '59	240 REGIST	indian d. Ti	
الاللا	VI & JOIL	· DOCN	5130R0	NID DATE	Max -			

may be retained by the total or attending physician.

O FUNERAL DIRECTOR: In this certificate has been signed by the attending physician and campletely filled in by the funeral calculations page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers, fleggs 1 and 2 should be filed with the registrar prior to burial, cremotion, or removal, and in any number within 72 hours after death. may be retained by the TO FUNERAL DIRECTOR: TO HOSPITAL OR ATTEN VS A15 (4) 15M 10/57

PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

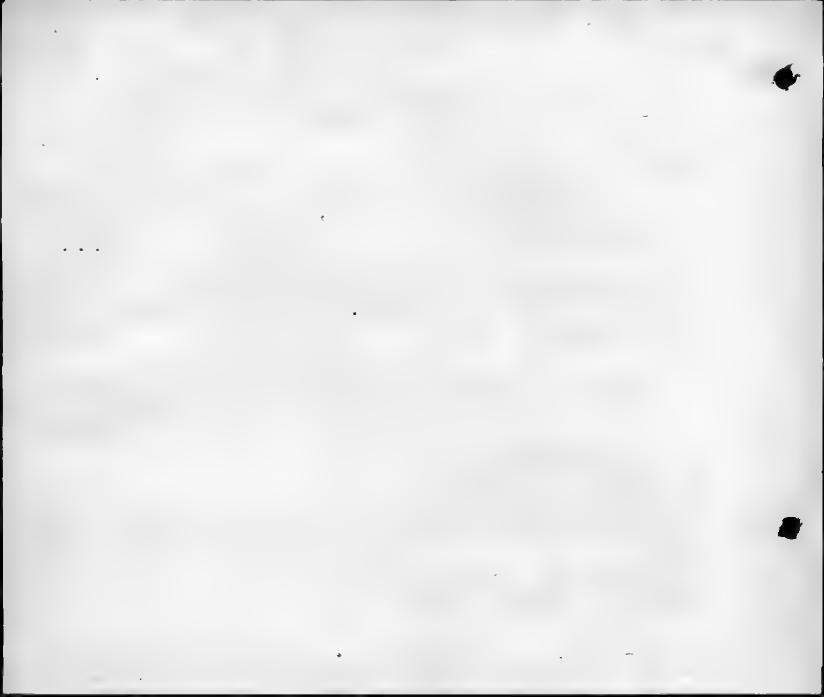
CERTIFICATE OF DEATH

09616

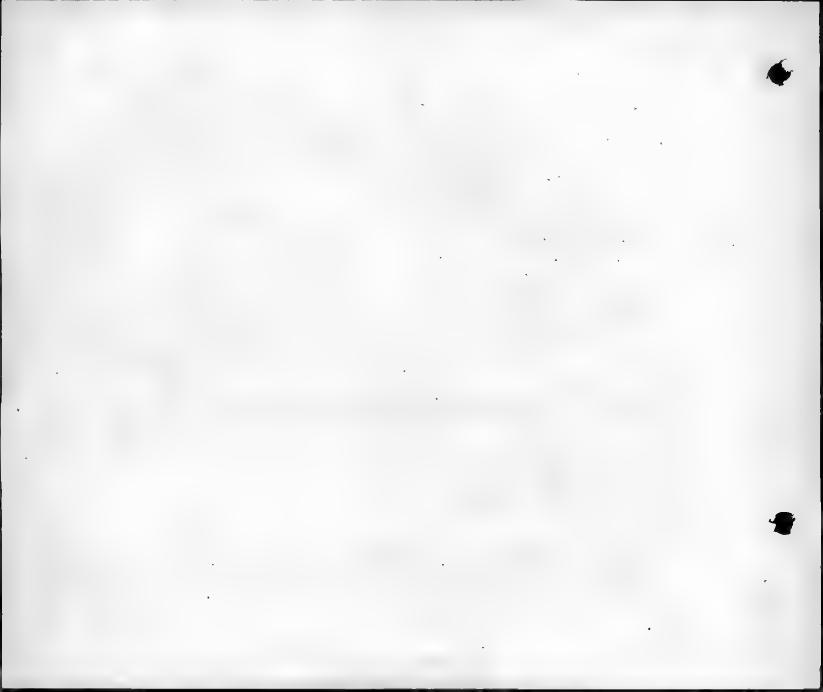
			Madi pier ide: DOS
1. PLACE OF DEATH a COUNTY	o. STATE	(Where deceased lived. If institution b, COUNTY	
Washington			Washington
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	OF STAY IN 1b c. CITY OR TOWN	(If outside carporate limits, write RU	JRAL and give nearest town)
Rural -Clearspring 6 we			
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d STREET ADDRES	S	e, IS RESIDENCE ON A FARM?
Gateway Convalescent Home			YES NOT
3. NAME OF First .	Middle Lost	4. DATE Mont	h Day Year
(Type or print) EDITH GRACE	RINEHART	DEATH August	t 11 1959
5. SEX 6 COLOR OR RACE 7 MARRIED NEVEL	R MARRIED 8. DATE OF BIRTH	9 AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
T. CHROTTO MITTOO	DIVORCED NOV 25, 18	70 88 m	Months Days Hours Min.
10a. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired)	INESS OR INDUSTRY IT. BIRTHPLACE (S	late or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Mary	land	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAID		
Lucian B Brenner	Mary	Catherine Fiery	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	IRITY NO. 17. INFORMANT	Addre	627
No NONE	Mrs. Omer N	Carryer Hand	cock Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b).	and (c) }		INTERVAL BETWEEN
PART 1 DEATH WAS CAUSED BY:	Assert House	· leron	CNSET AND DEATH
-120.1 DUE TO			, , ,
Conditions, if ony, which	und calino	adlina	- 105-
gave rise to immediate DUE TO			
couse (a), stating the under lying couse lost.			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TO	ERMINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19 WAS AUTOPSY
I S S S S S S S S S S S S S S S S S S S			PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	NJURY OCCURRED (Enter nature al injury	in Part I ar Part II of item 18)	
OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]			
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUR Hour a. m. p. m 19 of work of work of work	RRED 200. PLACE OF INJURY (Home,	form, 20f. (City or lawn)	(County) {Stote}
Hour a.m. White Nat whi		etc 1	
			>
21. I certify that I attended the decreased from	potential francisco anno 19 timbre 1		that I last saw the deceased
alive an	nd that death accurred at		nd an the date stated above
ACTUAL OF SOLID A. TO	+	ADDRESS (Street, citypor town, 1	DATE SIGNED
SIGNATURE 1.	M D.	JAMMAN)	luy of
PHYSICIAN'S MAME (Type)	2		1//50
22a. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME	OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, a	r county) (State)
Burial 8/13/59 Rest	Haven Cemetery	Hagerstown Ma	arvland
23. FUNERAL DIRECTOR'S SIGNATURE FUNERAL HOMEODRE			TRAR'S SIGNATURE
TONES M KOWYSA		Aug 1 7 '59 (32)	Clour & House

may be retained by the his certificate has been signed by the attending physician and campletely filled in by the funeral carrier, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, as remaval, and in any-event within 72 hours ofter death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO HOSPITAL OR ATTEND

VS A15 (4) 15M 10/57



VS A1S (4) 15M 9/58



962 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No

	-													
\	1 4	PLACE OF DEATH G. COUNTY Wash:	ington		M	ARYLAND	2. USUAI g. STA			l lived. If institut b COUNTY				ion)
)		b. CITY OR TOWN (IF a RURAL and g ve neo: Hagerstown	rest town)	s, write	C LENGTH OF ST	TAY IN 16	c. CIT			rote limits, write ural RD#		give nec	arest fowi	٦)
•	W	d. NAME OF HOSPITAL OR INSTITUTION estern Mar	I (If not in hospital, gi	e Hos	^{ddress)} p ital		d STI	Near l	Freder	ick				FARM?
		NAME OF DECEASED (Type or print)	THEL	MA	CAT	THERI	NE	SCHILL	4. DATE OF DEATH	AUG U		Day Year 3 19.50		Year 1959
		Female	TETT - At All III	7. MARRII	ED NEVER MA	RRIED	16 (et 1926		9. AGE (In years last birthday) 32 yrs	Months	Days	Hours	ER 24 HRS Min.
	10a	. USUAL OCCUPATION during most of work n	(Give kind of work d g life, even if retired)	one 10b. K	At Home	S OR INDU	STRY 11. BI	RTHPLACE (Stote Maryland	_	ountry)		izen oi USA	FWHAT	OUNTRY?
13. FATHER'S NAME LEWIS H. Ropp 14. MOTHER'S MAIDEN NAME Mollie E. Wadford														
	1S. Yiii	WAS DECEASED EVER	IN U.S. ARMED FORCE	function	OCIAL SECURITY 9-20-366		ohn J		(Same	as item	#2)			
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) BRONCHOPNEUMONIA ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH												
		Conditions, if any gave rise to im- couse (a), stating the lying couse lost,	which (b)	RIG	HT MIDE				,	THROM CALLY CO			14 D	AYS E
	CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONE	DITIONS CO		DEATH BUT	NOT RELAT					RT (a)	PERFO	AUTOPSY DRMED?
		20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	r 20d. IN. While at work	JURY OCCURRED Not while of work		ACE OF IN: tory, street	URY (Home, form office bldg., etc	20f. (City	or town)	((County)		(State)
		21. I certify tha	Tottended the	deceose	d fram _ L	hat death	6 , 19 accurre	d at 10.10R	M, from	7 3 , 19 5 the causes a	nd on the	ost sav	w the a	leceased dobove
1		ACTUAL SIGNATURE	george V	Ber	ica		M.D			reet, city or town LUAN	n stole) A AV	E	- 8/	3 /57
-	30	PHYSICIAN'S D	R. CFECRO					AGERST			RMD			
		BURIAL, CREMATION REMOVAL (Specify)	8-6-59		Frederi	ck Mer	R CREMATO	L Park	Fred	on (City, 10wn,	laryla		(Sta	(e)
		M. R. Etch		, Fre	derick,	Maryl	and	24a. REC	D BY REGIST	150	ISTRAR'S SI			

TO HOSPITAL OR ATTENDED TO PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, may be retained by the property of an ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral cries page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 3 and 2 should be £1'led the registrar prior to burial, crematalion, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B



18 ...

may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR: Amer this certificate has been signed by the attending physician and campletely filled in by the funeral octar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

V\$ A15 (4) 15M 10/S7

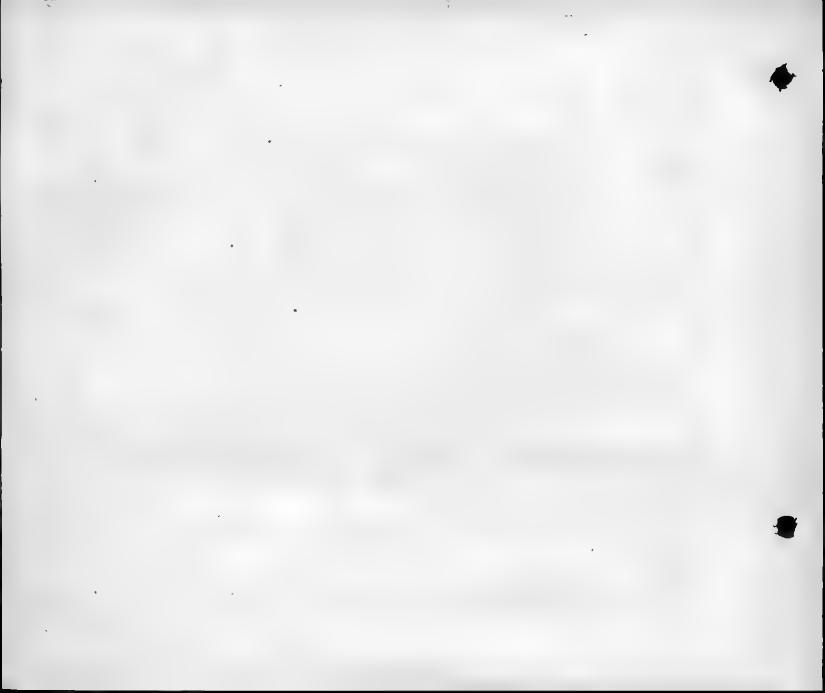
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death

9622 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

09619

			II.	ġ	U	U
0.0	Disk	N _a				

1.	PLACE OF DEATH b. COUNTY	Washing	ton	MARYL	ONA	USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY							
	b CITY OR TOWN (If RURAL and give ned	outside corporate limi		c. LENGTH OF STAY IN	ч 16	c CITY OR	TOWN (If o	ulside corpo	orote limits, w	rite RUR			
	Hagers			7 Days			Rure	1 Way	mesboi	ro P	'a ^	1 mg	
	d. NAME OF HOSPITA	L (If not in hospital, g	ive street	address)		d. STREET A			(JANUALIA)				S RESIDENCE
		Washington	Cour	nty Hospital				*					ES NO
3.	NAME OF	Fire		Middle		Los	ıl	4. DATE		Month	·	Day	Year
	DECEASED (Type or print)	Ros	ie	V.		Shoc	kev	OF DEATH		Augu	ıst	18.	19 59
S	SEX	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIED		L DATE OF BIRT	-		9 AGE (In)		FUNDER 1	YEAR IF	UNDER 24 HRS
	Female	White	WIDOW			Aug. 23	. 189	5	63	yrs.	Months D	oys H	ours Min.
10	USUAL OCCUPATIO	N (Give kind of work of	ione 10b	KIND OF BUSINESS OR	INDUS				ountry)		12 CITIZ	EN OF V	VHAT COUNTRY?
	House							ro Pa			Ţ	J.S.A	1.
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME	*				
	Samuel	Welsh					Mary	Ann Re	ock				
15	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO	17. IN	FORMANT				Addres	18	-	
l'''	No.	r yes, give war ar acres or s	irvice)		Ma	. Elmer	C. S	hocke	v. Wav	nest	oro E	а	#1
		TH [Enter only one co	use per li	ne for (a), (b), and (c).]									AL BETWEEN
	PART I. DEAT	H WAS CAUSED BY.	Ur	emia								871	2758EATH
	3 4 ×	DUE TO											
	Conditions, if on	y, which) (b	Pu	onephrosis								2 1	weeks
	gove rise to immediate DUE TO												
	lying couse lost.) (c	Re	nal Calculu	S							6 W	ks(app.)
ĕ	PART II OTH	ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	N GIVE	IN PART	I(o) 19. \	WAS AUTOPSY PERFORMED?
3													S □ NO [3]
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture o	of injury in I	Port I or Par	t II of item 11	В.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes			Oe. PLA	CE OF INJURY (Home, form	. 20f (City	y or town)	***************************************	(Co	unly)	(Stote)
MED	Heur o. m. p. m	19	While of wor	k of work	100	ory, micely wine	e orogi, ere						
	21. I certify the	at I attended the	deceas	ed from 8/12/5	9	. 19	., la	8/18/	59 . 19	,	that I la	st saw	the deceased
	alive on 8/3	18/52	. 19	, and that a	leath	accurred at	1:07	AM. from	n the caus	ses an	d on the	date	stated above
			\	, ^					treet, city or			, didic	DATE SIGNED
	ACTUAL SIGNATURE	-YN W	ن ل	Liden	<u> </u>	A.D.							
		//				0-0-7			**		when ratios ratios ratios when walke were re-	20.0	
	PHYSICIAN'S NAME (Type)	. G. Warde	n, M	• D•		832 F	'otoma	c Ave	., Hag	erst	oom,	MG.	
22	BURIAL CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OF	CREMATORY		22d. LOCA	TION (City, to	own, ar	county)	<u> </u>	(State)
	REMOVAL (Specify) Burial	8/21/59)	Mt. Zi	on			Wayn	esboro	#1,	, Frai	aklir	n Pa.
23.	FUNERAL DIRECTOR'S	SIGNATURE	. 1	ADDRESS			24a. REC'	D BY REGIS			RAR'S SIGN		
1/2	Valter V.	Lowe	WC	renestron	01	a	DATELLG	2 4 '59	(2014	1 2. K	and.	



a COUNTY Washington b. CITY OR TOWN III outside corporate limits, write BURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) and give negrest town Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO TY NAME OF Year DECEASED (Type or print) 19 s. sexemale IF UNDER TYEAR IF UNDER 24 HRS. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife 13. FATHER'S NAME Jerome 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, trive wer or dates of service) Hancock Md. William. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Electron ton Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO A 20g. EXTERNAL CAUSE WAS PRIMARY DESCRIPTING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Ehter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lawn) (County) (State) factory/street, office bldg., etc.) Not while of work at work p. m. 2). I certify that I took charge af the remains described above, held on Autapsy 1. Inspection 2 Inquiry . and find that Accident 🖾 Suicide 🔲. Homicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER [2]_ NAME (Type) 220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) REMOVAL (Spesify) Me Little Mathodiat 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATUL

forwarded to the Ch TO FUNERAL DIRECTOR: P or removal. VS. A15ME(5) 5M 9/55

certificate, and to the Ch DEPUTY MEDICAL

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9653 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

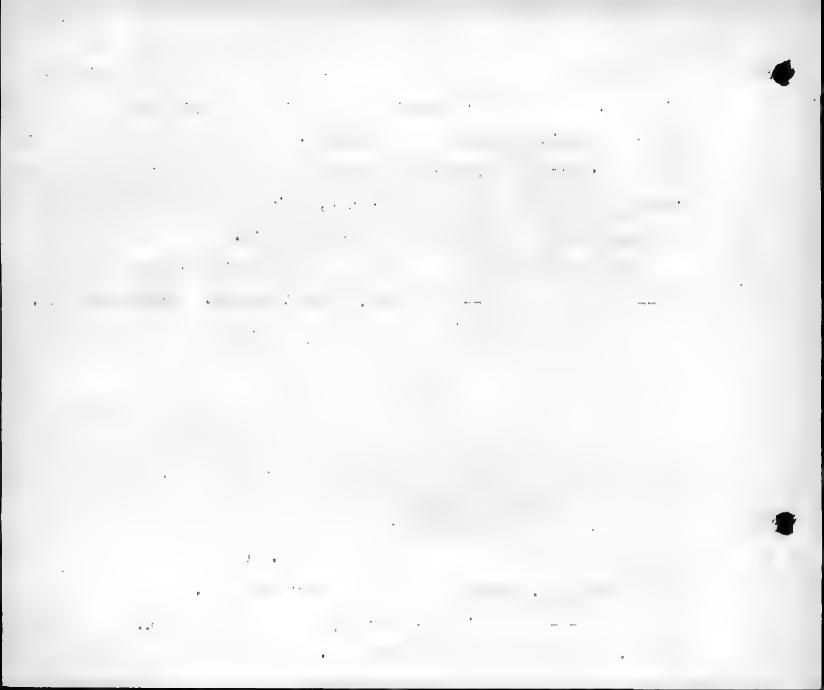
Rea. Dist. No.

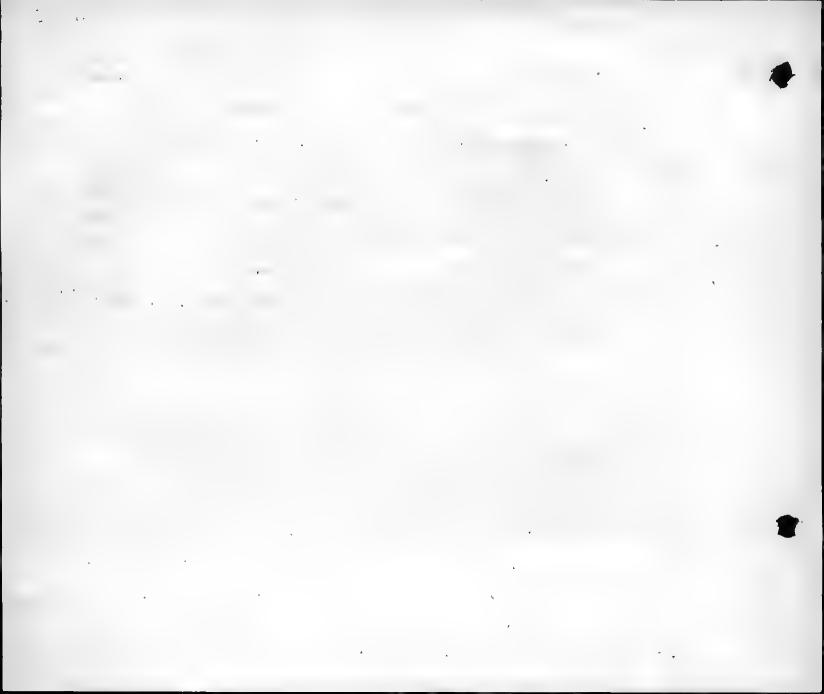
09622

				Reg. Dist. I	No.
1 PLACE OF DEATH		2. USUAL RESIDENCE (Wh			pefore admission)
Washington	MARYLAND	" Marylan	d P COUN	Wasl Wasl	hington
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give_nearest town)		c. CITY OR TOWN (If a	utside corporate limits, wri	te RURAL and give	nearest town)
Boonesboro	4 months	Rur	al Hager	stown	
d. NAME OF HOSPITAL (If not in hospitot, give st OR INSTITUTION Receders Nursing Ho		Route	2		e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF First	Middle	Lost	-	Month	Day Year
(Type or print) Rosella		Turner	DEATH Aug		2 19 59
TAT- A	MARRIED NEVER MARRIED OWED OVORCED O	B DATE OF BIRTH Jan 4. 1875	9 AGE (In ye lost birthdo		EAR IF UNDER 24 HRS ys Haurs Min.
10a. USJAL OCCUPATION (Give kind of work dane)			or foreign country)	12 CITIZEN	OF WHAT COUNTRYS
during most of working life, even if retired)	Own Home	Elkton	Va.		
13. FATHER'S NAME "AF		14. MOTHER'S MAIDEN N			
James Dofflemye	r	H	eneritta W	ood a	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT		Address	
(Yes, no, ar unknown) (If yes, give wer or dates of service)	Mr	s. Russell	Hartley 1	Hagersto	own Md.
1B. CAUSE OF DEATH [Enter only one cause p	er line far (a) (b), and (c).]		/		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6)	Meringe	Readle 1	Ca11		7 222
420.0 DUE TO					
Conditions, if any, which) (b)					
gave rise to immediate (couse (o), stating the under-					
tying couse last. (c)					
PART II OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(c	PERFORMED?
	DESCRIBE HOW INJURY OCCURRE	D. /Enter nature of miney in f	Part Los Part II of Item IR	١	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter notice of injury in r	girs at roof it at need to		
		ACE OF INJURY (Hame, form clory, street, office bldg., etc.	, 20f. (City or town)	(Coun	nty) (Stote)
E p. m. 19 of	hile Nat while work at work		<u> </u>		
21. I certify that I attended the dec	eased fram + 1461	7 , 191 1, to to	11.12 7 19-	That I last :	saw the deceased
alive an ALLLIA 2 1	2 Jand that death	. 1 11 11	M./from the causes	1	
13/14/			ADDRESS (Street, city or to		DATE SIGNED
SIGNATURE SIGNATURE	2-71	M.D. 33 S.	Main St		5/3/54
PHYSICIAN'S CL 3 3 747					
NAME (Type) Gerald W. Le	Van	Boonsb	oro Md.		
220 BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O		22d LOCATION (City, tov	en, or county)	(State)
Burrar 8-4-59	Dovels Cem	etery	Elkton	Va.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	the second secon		EGISTRAR'S SIGNA	
Scott F. Minnich & S	on Hagerstow	n Md. DATE	AUG 5 '59	Crithur S.	trans

and completely filled in by the funera. Gree both papers. Pages I and 2 should be filed by each. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO HOSPITAL OR ATTELLING PHYSICIAN: The law requires that the death certificate be may be retained by the plan at attending physician.

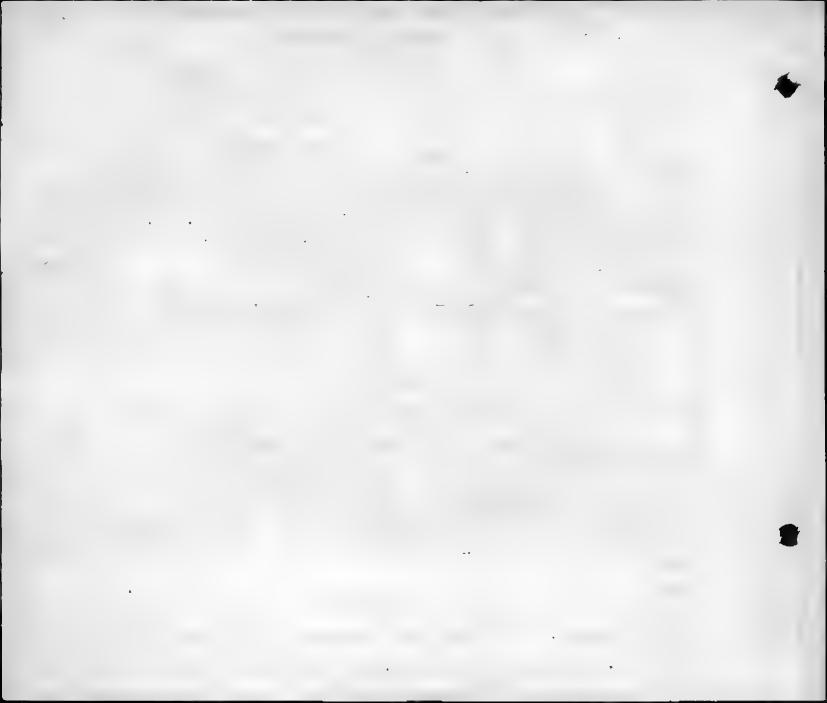
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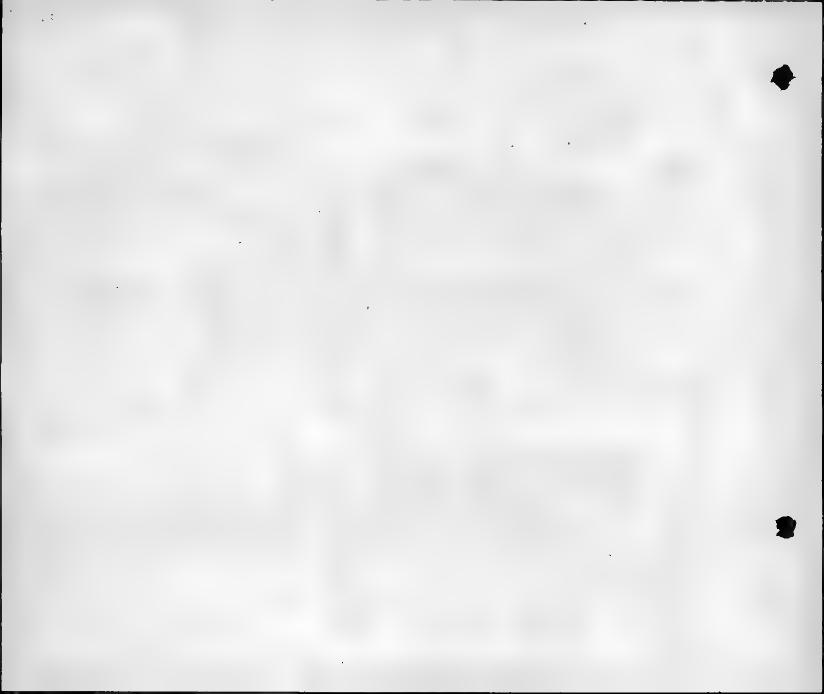


Reg. Dist. No.

E E M		i. PLACE OF DEATH o. COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland Fashington
funeral		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) Hagerstown 7 Mos	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 2
by the fund 2 should	Х	d. NAME OF HOSPITAL (if not in hospitol, give street oddress) OR INSTITUTION Pippr Lane Road	d street address Wright Lane "Is residence on a FARM?" YES NOTE:
filled in b		3. NAME OF First Middle OF OFCEASED (Type or print) MARGARET AVIS	WELLER 4. DATE Month Doy Year OF DEATH August 17 1959 19
를 <u>수</u> 요		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWER DIVORCED	Jany 30 1898 9. AGE (In years IF UNDER 2 YEAR IF UNDER 24 HRS. Months Days Hours Min
		10a. USUAL OCCUPATION (Give kind of work done of the line of the l	USTRY 11. BIRTHPLACE (Stote or foreign country) We VEIN. CITIZEN OF WHAT COUNTRY! Charles Town Jefferson Co USA
5 5 5		Elmer Stonesifer	14. MOTHER'S MAIDEN NAME Margaret Avis
			Ars Margaret A. Shuman Piper Lane Rd
a arain conting on please r		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hagers to n Interval setween onset and death
by the sit. The ny ever		Canditions, if any, which) (b).	
an. an signed at pen and in a		gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> Column Column	
physici physici nos besi iof-tran noval, a	7	1 cm	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES \[\] NO \[\]
ficate a ficate a ficate a ficate a		OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
of or of this cert ruse as emation		O TIME OF INJURY Manth Day, Year 20d, INJURY OCCURRED Hour o. in While of work of wark	MACE OF INJURY (Home, form, 20f (City or town) (County) (State) actory, street, affice bldg , etc.)
spiriter oched fo burial, cr		21. I certify that I offended the deceased from 22.7. and that deal offended the deceased from 2.7. and that deal	h accurred at 13 M, from the couses and on the date stated above
ined by I		ACTUAL MEBULET	ADDRESS (Street, city or town, state) DATE SIGNED M.D. 28 W Fotomac ST 8 -/8
	1	PHYSICIAN'S M. E. By-Kit	Williamsport Mil
may be reft O FUNERAL page 3 shot the registra		22d. BURIAL CREMATION, 22b. DATE THEREOF / 22c. NAME OF CEMETERY REMOVAL (Specify) 8/19/59 Rest Have	OR CREMATORY 26 LOCATION (City, town, or county) (Stote) O Cemetery Haverstown Wash Co Md
YS A15 (4) 15M 9/55		23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew K. Coffman Hagerstown Md.	DATE AUG 1 9 59 DATE AUG 1 9 59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09625 9625 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a COUNTY Maryland b. COUNTY G. STATE Washington Washington M MARYLAND buriol, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest town) Hagerstown T.ife Hagerstown 0 d. NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 400 Michigan Ave. 400 Michigan Ave. YES NO T NAME OF 4. DATE First Middle Lost Month Day Year DECEASED OF DEATH TRV ING 110-5/1 ROY 12 59 (Type or print) August 19 IF UNDER LYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years 53 Months Hours AAin. Davi White Male Sept.26.1905 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA W.M.R.R. Hagerstown.Md. Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gertrude Pearl Baker David Earl West 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO 17. INFORMANT Hagerstown . Md . Address 705-10-8629 Mrs.Roy I.West 400 Michigan Ave. Give No PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 8 MAMEDIATE CAUSE (o) · fronset DUE TO N I Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES | NO I 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour While Not while O. m. of work of work p. m. 2). I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find that cute the certificate, forwarded to the Chim D FUNERAL DIRECTOR: Accident , Suicide , Homicide , Undetermined couse . death resulted from: Natural causes DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22d, LOCATION (City, town, or county) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) ဂ္ဂ Hagerstown Md. 8/15/59 Rest Haven Cemetery ADDRESS 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS. A15ME(5) Critisa S. House Rest Haven Funeral Chapel Inc. Hagerstown, Md. 5M 9/55



FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate shaped be executed within 24 hours after death. If any delay is necessary, place execute the certification in the word "pending" in pending is them 18. Give Pages 1, 2, and 3 to the funeral director. A shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your file.

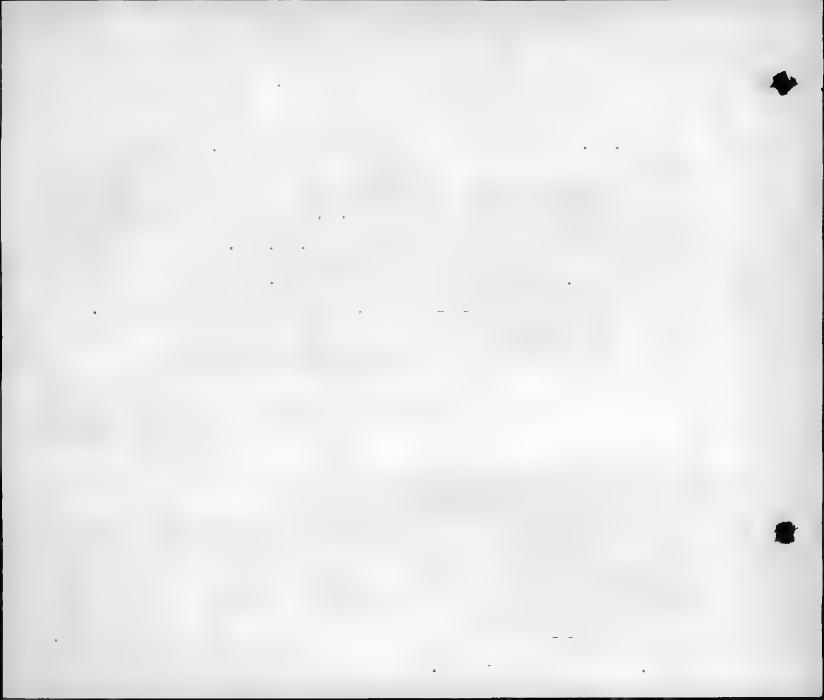
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The region of 2 with the State Board of Health, or its designated agent, prior to burial, cremation, as removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9626 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09626

								Reg. Dist. No.	
), PLACE OF DEATH				2. USUAL RESI	DENCE (V	Where deceas	ed lived. If instituti	ion. Residence belo	ore admission)
	Washington		MARYLAND	o. STATE	Md.		b. COUNTY	Washi	ngton
b. CITY OR TOWN	(If outs de corporate kmits, write it o in)	c. LENGT	H OF STAY IN 16	c CITY OR	TOWN (II	f outside corr	porote limits, write l	RURAL and give ne	rorest town)
Hager	stown	De	OA OA	~ =	Hage	rstown			
d. NAME OF HOSPI	TAL OR INSTITUTION (IF no	at in hospital, give s	treet oddress)	g. STREET A	DDRESS	-	-		. IS RESIDENCE
	Co. Hospital	<u> </u>		1	133	John S	t.,	-	YES NO
3, NAME OF DECEASED	First		Middle	Last		4 DATE	Month	Doy	Year
(Type or print)	William	Marcus		liams		DEATH	8	2	19 59
5. SEX	6. COLOR OR RACE 7.	MARRIED NEV	ER MARRIED []	DATE OF BIRTH			Intel healthdown 1 2		IF UNDER 24 H25
male	white w	IDOWED 🗍	DIVORCED [Feb. 4,	1890		69 yrs	Months Days	Hours Min.
100 USUAL OCCUPAT	ON (Give kind of work doneing life, even if retired)	106 KIND OF BU					ountry)	12. CITIZEN OF	WHAT COUNTRY
reti		carp	enter	Wash	. Co	. Md.		US	A
13. FATHER'S NAME		1		14. MOTHER'S A					
Ri	lev O. Willia	ams		Ma	rv E	. Cart	V		
	VER IN U. S. ARMED FORCE	57 16 SOCIAL SEC	URITY NO 17. I	NFORMANT			Address		
no	(or hat' flore mits at 00 Md C. Many	705-10-	-5884 Mr	s. Anna	Will:	iams	Hagerst	own, Md.	
18. CAUSE OF DE	ATH Enter only one couse p	er line for (o), (b),	and (c).]	0		1		INTERS	CAL BETWEEN
PART I DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)			0		LI DIE	_	ONSE	AND DEATH
4.20.0	DUE TO		C - Let Man	1. 1		1			
Conditions, if		1. 1.	-1	1. 15	X	7 1	1		X
gove rise to immi	ediote couse	-Caren	w ju		J. Wi	LESS!	yana	an . do	correct.
(a), staling the	underlying								
Z PART H, OT	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING	G TO DEATH BUT I	NOT RELATED TO 1	HE TERM	INAL DISEASE	CONDITION GIVE	N IN PART I/AL 10	WAS AUTORSY
SA									PERFORMED?
20g. EXTERNAL CA PRIMARY D or CO CAUSE OF DEATH	USE WAS 206. C	DESCRIBE HOW IN:	JRY OCCURRED (I	inter noture of ne	ary in For	t I or Port II	of item 16)		-
3 20c. TIME OF INJU	JRY Month Day Year	20d INJURY OCC	URRED 200 PLA	CE OF INJURY (H	ome, form	n. 120f (City	or town)	(County)	[Stole]
20c. TIME OF INJU			while /act	ory, street, office I	bidg., etc.	4 ' '		1- //	1,
	hat I took charge of	1404		ve held on	Autore	v 🗀 📭	rantia DV	Sternie D	
		-							and in my
opanor degra	resplied from Not	Oral couses 12	Accident [, Suicide	<u>.</u>	namiciae	, Undeter	mined marinei	
ACTUAL	1 /1/1	() - 1t		CHIEF W	December 1			A	DATE SIGNED
SIGNATURE	JELON	2000		m.v.		KAMINER [_	0/30	
EXAMINER'S NAME (Type)	TIFF WI	7,170	ア			al Examinei Examiner 🗗	_	173	
220 BURIAL CREMATI	ON, 226 DATE THEREOF	22c NAME	OF CEMETERY OR	CREMATORY		22d LOCAT	ION (Cily, lown, or	county)	(Stote)
REMOVAL Specify	8-5-59	Ros	se Hill			1	erstown		Md.
23. FUNERAL DIRECTO		ADDRI		1	240 REC'	D BY REGISTI		RAR'S SIGNATURE	
Fred W. Kr	aiss Hager	stown, Mo	l.		DATE AT	ag 5 '5	9 0.7	hur & Kane	
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VS A15 [4]

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TO HOSPITAL OR ATTENANCE PHYSICIAN: The law requires must meet the most be retained by the physician and campletely filled in by the funeral may be retained by the place of t

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (W. o. STATE MARYL	here decessed AND	lived. If institution b. COUNTY	WASHI	fare admissi NGTO1	ion)
	b. CITY OR TOWN (If outside corporate limits, write RUPA) and give segment form) HAGEROTOWN	6 YRS.	C. CITY OR TOWN (IF O		ote limits, write RU	JRAL and give r	earest fawn)
	d. NAME OF HOSPITAL (If not in hospital, give street WASHINGTON COUNTY HOS	PITAL	120 BOWER	AVE.			e, IS RESI ON A YES	DENCE FARM? NO
3.	NAME OF DECEASED (Type or print) BOYD	MIDDLETON	WOMACK	4. DATE OF DEATH	AUGUS		-	eor 9 59
	SEX MALE 6. COLOR OR RACE WHITE WIDOWE	DIVORCED	8. DATE OF BIRTH 7/21/188	9	O. AGE (In years lost birthdoy) 70 yrs.	Months Days	Hours	R 24 HRS. Min.
104	o. USUAL OCCUPATION (Give kind of work done 10b. RETIRED SALESMAN	AKERY SUPPL	n		DLINA	12. CITIZEN	S.A.	
13.	FATHER'S NAME W.J. WOMACK		14. MOTHER'S MAIDEN I				4.0777	1000
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) (If yes, give wor or dates of service)	174-05-3761	MRS. CATH	ERINE	K. WOM		AGER	STOW.
L CERTIFICATION	Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DUE TO (b) (c) DUE TO (b) (c) DUE TO COLUMN TO SOLUTION TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERM NOT SELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	EN IN PART 1(a)	PERFOI	ran AUTOPSY
MEDICAL	Hour a.m. While	Not while of work	CE OF INJURY (Home, form lary, street, office bldg., etc	20f. (City	or town)	(Count	γ)	(Stote)
25	PHYSICIAN'S NAME (Type) John H. Hornba	Mar, M.D.	A.D. 154 Wes Hagerst	M, from the Adoress (Street Washington)	he causes and est, city ar lawn, s ington St	d an the da	te stated	abave.
220	BURIAL, CREMATION, 22b. DATE THEREOF 9/1/59	ROSE HILL			ON (City, town, o		(Stole	1)
23.	FUNERAL DIRECTOR'S SIGNATURE	Caps line		D BY REGISTR		TRAR'S SIGNAT	URE	

Lanctonical Alexa A Maior Contra Sylvation and the same and the THE OTHER PROPERTY OF THE PERSON NAMED IN THE 100 CONTROL OF TRANSPORTED AND ADDRESS. AND THE RESIDENCE WAS ASSESSED. THE PARTY OF THE REPORT OF SAME PARTY OF SAME PARTY. . 15 - 1021 MIE - 101/1/15 - 21, 10-2 THE RESERVE the later and the same of the

09628 Reg. Dist. No

	9629		CERTIFIC	CATE OF DI	EATH		Reg. Dist. N	1106,	28
1. PLACE OF DEATH a. COUNTY	ASHINGTON		MARYLAN	STATE O	NCE (Where decease ARYLAND	d lived. If institution b. COUNTY		afore admis	ssion)
RURAL and give	RSTOWN		E. LENGTH OF STAY IN T	b c. CITY OR TO	WN (If outside corpo	rate limits, write RU			
d. NAME OF HO	SPITAL (If not in hospital, GTON COUNT	Y HO	SPITAL	d. STREET ADD	5 HAGERS	TOWN		ON	SIDENCE A FARM?
3, NAME OF DECEASED (Type or print)	MALI	ni IDA	MAE	ZEIGLE	R 4. DATE OF DEATH	AUGU	ВI	Doy 4	Yeor 19 59
5. SEX FEMALE	WHITE	7 MARR	DIVORCED	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	last birthday)	IF UNDER I YE	AR IF UND	DER 24 HRS
10o. USUAL OCCUPA during most of v	TION (Give kind of work vorking life, even if retire INF)	1)	KIND OF BUSINESS OR IN		E (State or foreign of YLAND	ountry)	12. CITIZEN	J.S.A	
13. FATHER'S NAME DONAL	D J. ZEIGI	ER		14. MOTHER'S M BETT		ROVE		Tall to the state of the state	
15. WAS DECEASED	VER IN U. S. ARMED FO	RCESP 16.	NONE	MR. DONA	LD J. ZE	Addre EIGLER	HT.#5	RETOV	VN MI
Conditions, i gove rise to cause (o), stoti	immediate OUE To	(he	ematurity (eart beat a	about 7 m	onths Ge nutes af	station fter bir		5 min	<u>.</u>
5	Large me	ningo	ontributing to DEATH	resent (a	bout siz	ze of eg	N IN PART I(o	PERF	AUTOPSY ORMED?
	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCCU	RRED. (Enter nature of i	njury in Part I or Par	t El af item 18.)			
20c. TIME OF IN.	n,	or 20d, IN While at work	_ Not white _	PLACE OF INJURY 1Ho factory, street, office b	me, form, 20f. (City Idg., etc.)	or lawn)	(Count	ty)	(State)
21. I certify alive an	that) attended the Aug . 4	decease		oth accurred at 5		n the causes ar	nd an the c	date stat	decease ted above ATE SIGN
PHYSICIAN'S NAME (Type)	R.A.Bell			Hage	rstown,	Marylan	å.		
220. BURIAL, CREMA	110N, 22b. DATE THERE (15y) 8/5/5		REST HAV			ERSTOWN	county)	MD.	te)
23. FUNSRAL DIRECT	OR'S SIGNATURE	-4	ADDRESS A		40. REC'D BY REGIST AUG TATE	gar 24b. REGIST	irar's signat	TURE	
208118	SIXVO /	,	1	1					

for this certificate has been signed by the attending physician and camptetely filled in by the for use as the burial-transit permit. Then please remove capacity appears. Pages I and 2 sh may be retained by it spital or attending physician.

TO FUNERAL DIRECTOR: Filer this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remove cay the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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